200009290023
, Skagit County Auditor
9/29/2000 Page 1 of 2 9:34:34AM

Return Address:
Del Nagro Masonry Inc.
P.O. Box 615
Clearlake WA 98235

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): P11170 Prop Tx ID
Grantor(s) (Owner): (1) Dan Boffey President (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) Andy Del Nagro Pres. (2) _____ Add'l. on pg___
Legal Description (abbreviated): Marine Heights lot 32 Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # 4695 000 032 0000

_____
Claimant
vs.
Traditional Home Con. Inc.
Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Del Nagro Masonry Inc.
TELEPHONE NUMBER: 360 856 0101 ADDRESS: P.O. Box 615
Clearlake WA 98235

2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: AUG. 9 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Home Cons. Inc. Dan Boffey Pres.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4113 Ellisport Place Anacortes WA 98221
lot 32 Marine Heights

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Dan- Deborah Boffey
TELEPHONE NUMBER: 422 6805 ADDRESS: 16112 Mtn. View Rd
Mount Vernon WA 98273

6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: AUG. 25, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $6,630.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Del Nagro Masonry Inc.
Claimant
Christi Del Nagro Sec. Treas.
Print or Type Name
P.O. Box 615
Address
Clearlake WA 98235
360.856.0101
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Christi Del Nagro, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause,and is not clearly excessive under penalty of perjury.

C Del Nagro

Signed and sworn to before me on this 29th day of September 2000.

Juan Zavala
Print Name Juan Zavala
Notary Public in and for the State of WA
My appointment expires: 10-1-01

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

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