200010260040
, Skagit County Auditor
10/26/2000 Page 1 of 2 1:25:34PM

Return Address:
Servpro of Bellingham
P.O. Box 28695
Bellingham, WA 98228-0695

# 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): _____

Grantor(s) (Owner): (1) Eugene Van De Putte (2) Renee Van De Putte Add'l. on pg___

Grantee(s) (Claimants): (1) Dean Bates (2) Teri Bates Add'l. on pg___

Legal Description (abbreviated): _____ Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P55938 3772-143-017-0017

Servpro of Bellingham
Claimant

vs.

Eugene & Renee Van De Putte
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: Servpro of Bellingham
TELEPHONE NUMBER: 360-733-1800 ADDRESS: P.O. Box 28695 Bellingham, WA 98228

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: 5/1/00

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Eugene & Renee Van De Putte

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lots 16 and 17, Block 143, "Map of the City of Anacortes," as per plat recorded in Volume 2 of plats, page 40, records of Skagit County, Washington

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Eugene Van De Putte
TELEPHONE NUMBER: _____ ADDRESS: _____

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: 8/2/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $15,923.44

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

Servpro of Bellingham
Claimant

Print or Type Name

Address PO Box 28695 Bellingham, WA 98228

360-733-1800
Telephone Number

STATE OF WASHINGTON }
} SS.
County of _____ }

Jeri M. Bates, 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.

Jeri M. Bates

Signed and sworn to before me on this 26th day of October, 2000

Judy Zavala

Print Name Judy 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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