



200011060064

, Skagit County Auditor

11/6/2000 Page 1 of 2 10:47:59AM

Return Address:

VAN PELT CONSTRUCTION
22376 GRIP ROAD
SEDRO WOOLLEY WA 98284

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) TRAVIS MARTINEZ (2) MARLA MARTINEZ Add'l. on pg _____

Grantee(s) (Claimants): (1) VAN PELT CONSTRUCTION (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SE¹/₄ NW¹/₄ S30 T35 R6 Add'l. legal is on pg _____

Assessor's Property Tax Parcel /Account # P42084 & P42095

VAN PELT CONSTRUCTION

Claimant

TRAVIS MARTINEZ

vs.

MARLA MARTINEZ

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: VAN PELT CONSTRUCTION
TELEPHONE NUMBER: 360 856-5654 ADDRESS: 22376 GRIP ROAD
SEDRO WOOLLEY WA 98284
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: AUGUST 12, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TRAVIS & MARLA MARTINEZ
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property) SE¹/₄ NW¹/₄ S30 T35 R6
10372 HENDRICKSON LANE & 10271 HENDERICKSON LANE, SEDRO WOOLLEY WA
P42084 & P42095
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): TRAVIS & MARLA
MARTINEZ TELEPHONE NUMBER: 360 856-1405
ADDRESS: 25661 MINKLER ROAD, SEDRO WOOLLEY WA 98284
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: AUGUST 12, 2000



Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96

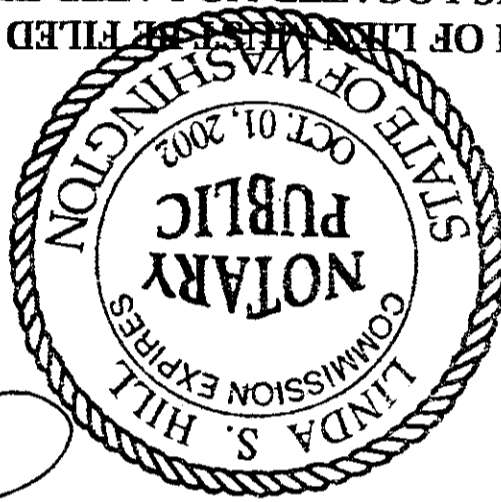
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Skagit County Auditor

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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.



Date this 6th day of November, 2000
Print Name Linda S. Hill
Notary Public in and for the State of Washington
My appointment expires: 10-01-02

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

STATE OF WASHINGTON
County of Skagit
SS. Mary Ann Pelt
, being sworn, says: I am the claimant (or attorney of the

Claimant Mary Ann Pelt
VAN PELT CONSTRUCTION
Print or Type Name
22376 GRIP ROAD
Address
SEBRO WOOLLEY WA 98284
360 856-5654
Telephone Number

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$6263.06
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :