

Return Address:

Homecrafters
14101 Crater Lake Rd.
Anacortes, WA. 98221



200011080097
Skagit County Auditor

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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) Deborah & Dan Boffey (2) DBA. Traditional Homes Inc. Add'l. on pg _____

Grantee(s) (Claimants): (1) Bamesberg ev. & Hulsby (2) DBA. Homecrafters Add'l. on pg _____

Legal Description (abbreviated): lot 44 Nookachamp Hills Phase 1 Skagit com WA. Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P113885

Homecrafters } Claimant
vs. }
Traditional Homes 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:

- NAME OF LIEN CLAIMANT: Homecrafters
TELEPHONE NUMBER: 360 293-6563 ADDRESS: 14101 Crater Lake Rd., Ana. WA. 98221
- 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: 9/18
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Homes Inc. / Dan Boffey
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 17126 Brook Ct. M.V. WA. 98274 lot 44 Nookachamp Hills Phase 1 Skagit com WA.
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Deborah & Dan Boffey
TELEPHONE NUMBER: 404-2011 ADDRESS: 160 Cascade Pl., Suite 206 Bunk., WA. 98233
- 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: 10/18



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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

My appointment expires: 10-1-01

Notary Public in and for the State of WA

Print Name ~~Rob Barnesberger~~ Judy Zovick

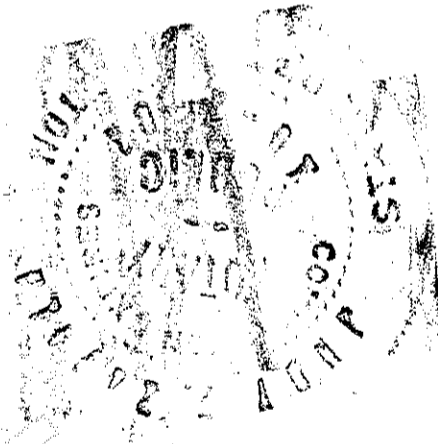
Judy Zovick

Date this 8th day of Nov. 2000

Rob Barnesberger
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.

STATE OF WASHINGTON

County of Skagit
SS. }



Telephone Number

360 293-6563

Address

14101 Center Lake Rd.
Anacortes, WA 98221

Print or Type Name

Rob Barnesberger / Homecasters
Claimant

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Same - Rob Barnesberger

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

6,047.58