Return Address:

Ohm Electric
11391 HAVEKOST ROAD
ANACORTES. WA 98221

200011130009
, 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) _____ (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): Lt 2 Forest Hills PUD Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P114067

_____ Claimant
vs.
_____ Name of person indebted to Claimant

} Traditional Homes Const.
Dan & Debbie Boffey
1612 Mt. View
Mt. Vernon

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: William Houtz - Ohm Ele.
TELEPHONE NUMBER: 293-5422 ADDRESS: 11391 Havekost
Anacortes 98221

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: 5/25/00

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dan & Debbie Boffey

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 2414-42nd
Anacortes

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Kenneth Allison 15
Masson / buyer
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: 11/10/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $5750.00

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

**Ohm Electric**
**11391 HAVEKOST ROAD**
**ANACORTES, WA 98221**

Wm Km Hoar
Claimant
William K. Hoartz
Print or Type Name
11391 Havekost
Address
Anacortes 98221
360-293-5422
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Wm Km Hoar, 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.

Wm Km Hoar

Signed and sworn to before me on this 13 day of November 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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