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200011160078
, Skagit County Auditor
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Return Address:

JODY S RAIVO, RAIVO FINISH MASONRY & TILE
511 HYATT PL
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) Boffey, Daniel (2) _____ Add'l. on pg___

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

Legal Description (abbreviated): Lot 2 Forest Hills Anacortes WA Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4727-000-002-0000

Jody Raivo
Raivo Finish masonry + Tile Claimant

vs.

Daniel Boffey
Traditional Homes
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: Jody Raivo
TELEPHONE NUMBER: 360-854-9264 ADDRESS: 511 Hyatt Place 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: 9-20-00

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel Boffey / Traditional Homes

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 Place Anacortes WA - Lot 2 plat of Forest Hills P.U.D volume 17 of plats pages 42 & 43, Records of Skagit County WA.

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ~~UNKNOWN~~
TELEPHONE NUMBER: _____ ADDRESS: Masson, Kenneth M. + Allison S.

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: 9-23-00

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $2,054.00

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

Claimant

Jody S. Raivo
Print or Type Name

511 Hyatt Pl.
Address

Sedro-Woolley WA 98284

360-854-9264
Telephone Number

STATE OF WASHINGTON
} SS.
County of Skagit

Jody S. Raivo, 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.

Signed and sworn to before me on this 13th day of November, 2000.

D. JACKIE FRAZIER
STATE OF WASHINGTON
NOTARY --•-- PUBLIC
MY COMMISSION EXPIRES 3-15-02

Print Name D. Jackie Frazier

Notary Public in and for the State of Washington

My appointment expires: 3-15-02

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.

Claim of Lien
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