

Return Address:

Ohm Electric
11391 HAVEKOST ROAD
ANACORTES, WA 98221



200011200098
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): Marine Heights Lt 32 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 4695-000-032-0000 (P111770)

Ohm Electric

Claimant

vs.



Name of person indebted to Claimant

Traditional Homes Const.
Dan + Debbie Boffey
16112 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 Kim Hartz DBA Ohm Ele.
TELEPHONE NUMBER: 206-5422 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: 7/30/99
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): LOT 32
MARINE HEIGHTS
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Dan + Debbie Boffey
TELEPHONE NUMBER: 422-6805 ADDRESS: 16112 Mt. View dr
Mt. Vernon
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: week of Sept 11, 2000
SEPT 11, 2000



Claim of Lien
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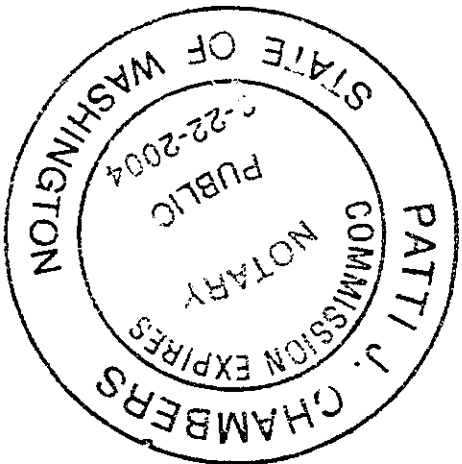
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Patti J. Chambers Print Name
WASHINGTON Notary Public in and for the State of
My appointment expires: 3/22/04

Signed and sworn to before me on this 20th day of November, 2000

under penalty of perjury.
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
of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
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

William K. Houtz

STATE OF WASHINGTON
County of SKAGIT
SS. }

Claimant William K. Houtz
Print or Type Name Houtz Address 11391 Haverkost Rd
Telephone Number 360-293-5422

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2250.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: William K. Houtz