200011270070
, Skagit County Auditor
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Return Address:

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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): Burlington E 1/2 13 ALL 14+15 BLK 104 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P71989

Sandra L. Will
Claimant
vs.
Paula R. Anderson
Name of person indebted to Claimant
Paula R. McCalib

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: SANDRA L. WILL
TELEPHONE NUMBER: (360) 293-3129 ADDRESS: 1108 16TH ST
Anacortes WA 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: JAN, 3, ~~1998~~ 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Paula R. Anderson

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 216 Commercial Anacortes, Wa (~~Ref II Clothingstore~~) & 315 WA. Burl. Wa. (Home) 216 Commercial, ANACORTES OR 315 Washington Ave.

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): _____
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: JAN 3, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1,800.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : Sandra L. Will

Sandra L. Will
Claimant

Sandra L. Will
Print or Type Name

1108 16th St.
Address

Anacortes WA 98221

(360) 293-3129
Telephone Number

STATE OF WASHINGTON
} SS.
County of Skagit

Sandra L. Will, 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.

Sandra L. Will

Signed and sworn to before me on this 27th day of November 2000.

CATHY J. BAY-SCHMITH
STATE OF WASHINGTON
NOTARY --•-- PUBLIC
MY COMMISSION EXPIRES 11-28-03

Cathy J. Bay-Schmith

Print Name Cathy J. Bay-Schmith

Notary Public in and for the State of Washington

My appointment expires: 11-28-03

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.

200011270070
, Skagit County Auditor
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