200012080024
, Skagit County Auditor
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Return Address:

DAHLMAN PUMP & WELL DRILLING
P O BOX 422
BURLINGTON WA 98233

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) MICHAEL STINNETT (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) DAHLMAN PUMP & WELL DRILLING (2) _____ Add'l. on pg ___

Legal Description (abbreviated): SW¼ SW¼ S13 T39 R10E Add'l. legal is on pg ___

Assessor's Property Tax Parcel /Account # 3995 000 037 0008

DAHLMAN PUMP & WELL DRILLING
Claimant
vs.
MICHAEL STINNETT
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: DAHLMAN PUMP & WELL DRILLING
TELEPHONE NUMBER: 360 757-6666 ADDRESS: P O BOX 422
BURLINGTON, WA 98233

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: OCTOBER 23, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MICHAEL STINNETT

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property)
15048 MOUNTAIN VIEW LANE
SW¼ SW¼ S13 T39 R10E TAX ACCT #3995 000 037 0008

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MICHAEL STINNETT
TELEPHONE NUMBER: 360 853-9333
ADDRESS: P O BOX 225, MARBLEMOUNT WA 98267

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: OCTOBER 23, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $690.77

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

Scott Fowler

Claimant

DAHLMAN PUMP & WELL DRILLING

Print or Type Name

P O BOX 422

Address

BURLINGTON WA 98233

360 757-6666

Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Scott J. Fowler, 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.

Date this 7th day of December, 2000.

Linda S. Hill

Print Name Linda S. Hill

Notary Public in and for the State of Washington

My appointment expires: 10-01-02

LINDA S. HILL
COMMISSION EXPIRES
NOTARY PUBLIC
OCT. 01, 2002
STATE OF WASHINGTON

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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