



200012110169

, Skagit County Auditor

12/11/2000 Page 1 of 2 4:05:50PM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

WRIGHT CONSTRUCTION)
Claimant.)
VS)
TRADITIONAL HOME CONSTRUCTION)
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: WRIGHT CONSTRUCTION
TELEPHONE NUMBER: 360-293-4407
ADDRESS: 2419 32ND 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: SEPTEMBER 1, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TRADITIONAL HOME CONST, 160 CASCADE PL, STE 206, BURLINGTON, WA 98233 & 16112 MOUNTAIN VIEW RD, MT VERNON, WA 98273

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: 4405 MARINE HEIGHTS WAY, ANACORTES, WASHINGTON

LEGAL DESCRIPTION: LOT 3, MARINE HEIGHTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 16 OF PLATS, PAGE 173 RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P111741.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): DANIEL L & DEBORAH R BOFFEY, DBA-TRADITIONAL HOME CONST, 160 CASCADE PL, STE 206, BURLINGTON, WA 98233 AND 16112 MOUNTAIN VIEW RD, MT VERNON, WA 98273

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: SEPTEMBER 12, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,100.00, PLUS \$60.00 LIEN FEES, (TOTAL \$1,160.00), PLUS INTEREST.

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

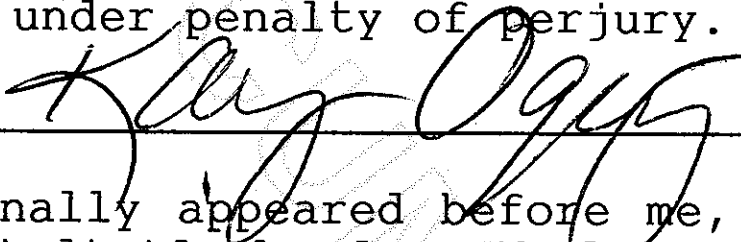

For WRIGHT CONSTRUCTION, Claimant

2419 32ND ST
ANACORTES, WA 98221
360-293-4407

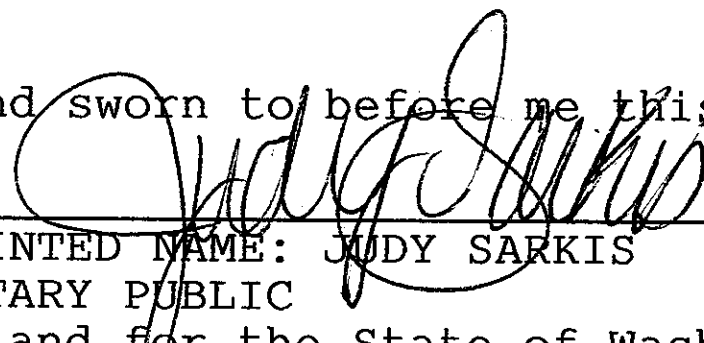
(Phone Number, Address, City/State of Claimant)

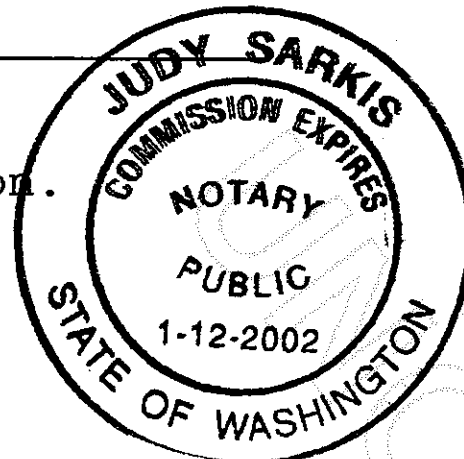
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

KARYN OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.


On this day personally appeared before me, KARYN OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 11 day of December, 2000.


PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD.
My commission expires: 1/12/2002



order #120181, dated: 12-6-00



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12/11/2000 Page 2 of 2 4:05:50PM