



200101250069

Skagit County Auditor

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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

MR. BILL'S WELL DRILLING)
Claimant.)
VS)
TREVOR MORGAN)
(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: MR. BILL'S WELL DRILLING
TELEPHONE NUMBER: 360-435-3334
ADDRESS: 25619 DAHL RD, ARLINGTON, WA 9823

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: JANUARY 8, 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TREVOR MORGAN, 2300 E SUNSET DR, BELLINGHAM, WA 98226

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

ADDRESS: 2947 OVERPASS RD, SKAGIT COUNTY, WASHINGTON
LEGAL DESCRIPTION: THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 18, TOWNSHIP 36 NORTH, RANGE 4 EAST W.M., ALSO KNOWN AS TRACT 9, AS RECORDED UNDER AUDITOR'S FILE NO. 8509090048, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P49436, REFERENCE PARCEL NO. 360418-4-004-0002..

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): TREVOR & SUZANNE MORGAN, 2300 E SUNSET DR, BELLINGHAM, WA 98226

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: JANUARY 12, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$4,947.60, PLUS \$65.00 LIEN FEES, (TOTAL \$5,012.60), PLUS INTEREST.

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

David Elliott

For MR. BILL'S WELL DRILLING, Claimant

25619 DAHL RD
ARLINGTON, WA 98223
360-435-3334

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

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

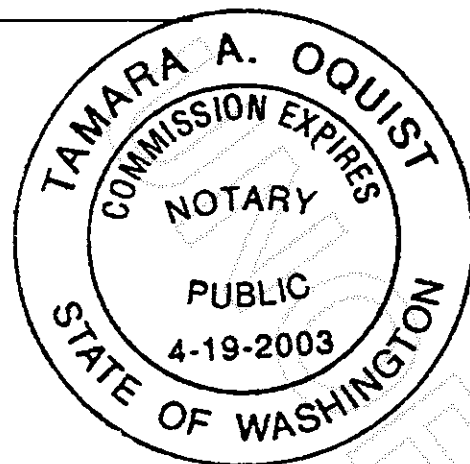
DAVID ELLIOTT, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

David Elliott

On this day personally appeared before me, DAVID ELLIOTT, 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 24 day of January, 2001.

Tamara A. Oquist
PRINTED NAME: TAMARA A. OQUIST
NOTARY PUBLIC
in and for the State of Washington.
Residing in: ARLINGTON.
My commission expires: 4/19/2003



order #010910, dated: 1-22-01



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