



200102020098

Skagit County Auditor

2/2/2001 Page 1 of 2 3:00:31PM

Return Address:

Mike Elmore
502 B Filbert Lane
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) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): Chuckanut View sub, Tract 8, Acres 5.7 Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # P108582

Mike Elmore
 Claimant
 vs.
Robert R. Cesena
 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:

- NAME OF LIEN CLAIMANT: Mike Elmore
 TELEPHONE NUMBER: 360-840-4000 ADDRESS: 502 B Filbert Lane, Burlington, Wa. 98233
- 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: 1/02/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Robert R. Cesena
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 5390 Island View Way
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Robert R. Cesena
 TELEPHONE NUMBER: _____ ADDRESS: 5390 Island View Way
- 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: 1/2/01



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WASHINGTON Legal Blank, Inc., Issaquah, WA Form No. 90 10/98
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM, WH/



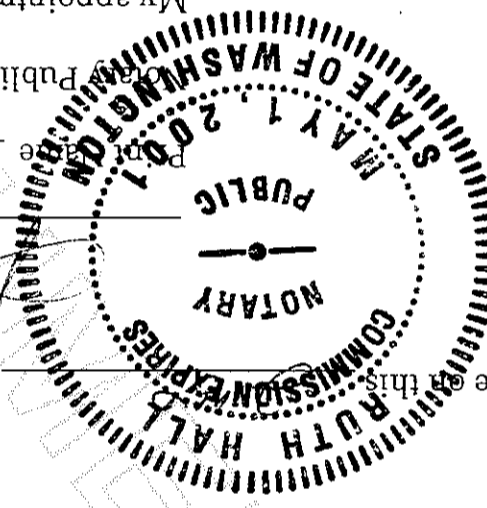
NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION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

My appointment expires: 5-1-2001

Public in and for the State of Wa.

Just-Kate
Ruth Hall

Signed and sworn to before me on this 2001 day of Feb.



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.

Michael Emore

County of Skagit }
SS.

STATE OF WASHINGTON

Claimant Mike Emore
Print or Type Name 502 B. Albert Lane
Address Burlington, Wa. 98233
Telephone Number 360-840-4000

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$490.00 + interest from due date
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :

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