200103060055
, Skagit County Auditor
3/6/2001 Page 1 of 2 12:22:08PM

Return Address:

MAILLIARD'S LANDING NURSERY
1121 WEST DIVISION
MT. VERNON WA 98273

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): N/A

Grantor(s) (Owner): (1) TRADITIONAL HOME CONST. (2) DAN + DEBBIE BOFFEY Add'l. on pg ___

Grantee(s) (Claimants): (1) MAILLIARD'S LANDING (2) ___ Add'l. on pg ___

Legal Description (abbreviated): LOT 32, MARINE HEIGHTS, VOL. 16, PAGES 173-175 Additional legal is on page ___

Assessor's Property Tax Parcel /Account # 4695-000-032-0000

MAILLIARD'S LANDING NURSERY
Claimant

vs.

TRADITIONAL HOME CONST. INC.
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: MAILLIARD'S LANDING NURSERY
TELEPHONE NUMBER: 360 428-2876 ADDRESS: 1121 WEST DIVISION
MT. VERNON WA 98273

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: APPROXIMATELY DECEMBER 15, 2000.

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TRADITIONAL HOME CONST. INC.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 4113 ELLIS POINT RD. ANACORTES, SKAGIT CO., WA

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): TRADITIONAL HOME* TELEPHONE NUMBER: ___ ADDRESS: 160 CASCADE PLACE #206 BURLINGTON WA 98233 * DAN + DEBBIE BOFFEY

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: APPROXIMATELY JANUARY 15, 2001.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 12,660.46

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

Claimant

TERENCE G. CARROLL

Print or Type Name

709 S. 1ST ST.

Address

MT. VERNON WA 98273

360 336-6532

Telephone Number

STATE OF WASHINGTON }
} ss.
County of SKAGIT }

TERENCE G. CARROLL, 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.

Signed and sworn to before me on this 5TH day of MARCH, 2001.

Rebecca K Fuller

Print Name Rebecca K Fuller

Notary Public in and for the State of Washington

My appointment expires: 10-8-03

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.

200103060055
, Skagit County Auditor
3/6/2001 Page 2 of 2 12:22:08PM