200105010030
, Skagit County Auditor
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Return Address:
Lakota Inc.
Po Box 1065
Anacortes, WA 98221

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) John L. Childs (2) _____ Add'l. on pg ___
Grantee(s) (Claimants): (1) Lakota Inc. (2) _____ Add'l. on pg ___
Legal Description (abbreviated): White's 1st to Anacortes Lots 17 & 18 Block 2 Add'l. legal is on page ___
Assessor's Property Tax Parcel /Account # 3837-002-018-0009

Lakota Inc.
Claimant
vs.
John L. Childs
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: Lakota Inc.
TELEPHONE NUMBER: (360) 299-3014 ADDRESS: PO Box 1065 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: _____

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John L. Childs

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 808 33rd St. Anacortes, WA

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John L Childs
TELEPHONE NUMBER: _____ ADDRESS: _____

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: (November 8, 2000) 11/8/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $14,000.00

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

Lakota Inc. Lakota Inc.
Claimant

Lakota Inc.
Print or Type Name

PO Box 1065
Address

Anacortes, WA 98221

(360) 299-3014
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Marie Christine Pasutti, 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.

Marie Christine Pasutti

Signed and sworn to before me on this 1st day of May, 2001.

MELODY R. DERROSSETT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCTOBER 29, 2001

Melody R. Derrossett
Print Name Melody R. Derrossett

Notary Public in and for the State of Washington

My appointment expires: 10-29-2001

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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