Return Address:

ADAM CHRISTOPHER KRONBECK.
PO BOX 1806
STANWOOD, WA. 98292

200105070201
, Skagit County Auditor
5/7/2001 Page 1 of 2 3:25:31PM

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): Lt 1, First Amendment to the Cedars Condo Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P112562

ADAM CHRISTOPHER KRONBECK
Claimant
vs.
AL SIVERSON
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: ADAM CHRISTOPHER KRONBECK
TELEPHONE NUMBER: 360-336-2135 ADDRESS: PO BOX 1806 STANWOOD WA. 98292

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: 5/2/01, 5/3/01

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: AL SIVERSON

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1025 CYPRESS CT BURLINGTON, WA, 98233

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): AL SIVERSON
TELEPHONE NUMBER: _____ ADDRESS: 1025 CYPRESS CT BURLINGTON, WA. 98233

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: 5/3/01

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $110.00

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

ADAM CHRISTOPER KRONBECK
Claimant

Print or Type Name

PO BOX 18016 STANWOOD
Address

WA. 98292.

360-336-3125
Telephone Number

STATE OF WASHINGTON }
} SS.
County of SKAGIT }

Adam Christopher Kronbeck, 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 7 day of May, 2001.

Cheryl D Lanier

Print Name Cheryl D. Lanier

Notary Public in and for the State of Washington

My appointment expires: 11-15-04

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.

200105070201
, Skagit County Auditor
5/7/2001 Page 2 of 2 3:25:31PM