



200105210153
, Skagit County Auditor

5/21/2001 Page 1 of 2 1:22:10PM

Return Address:

Kern Funeral Home

1122 S. 3rd Street

Mount Vernon, Washington 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): _____

Grantor(s) (Owner): (1) Gloris D. Benge (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Kern Funeral Home (2) LeRoy A. Anderson Pres. Add'l. on pg _____

Legal Description (abbreviated): 700 N. Reed St. Sedro Woolley, Wa. 98284 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P 105471

Kern Funeral Home

Claimant
vs.

Gloria D. Benge

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: Kern Funeral Home / LeRoy A. Anderson, Pres.
TELEPHONE NUMBER: 360-336-2153 ADDRESS: 1122 S. 3rd St. Mount 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: August 2, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Gloria D. Benge
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 700 N. Reed St. #46 Sedro Woolley, Washington 98284
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): James W. Benge
TELEPHONE NUMBER: 360-856-2933 ADDRESS: 700 N. Reed St. #46 Mount Vernon, Wash. 98273
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: August 2, 2000



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$6,535.63 plus interest of 18% per annum.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE Kern Funeral Home/Leroy A. Anderson.Pres.

Claimant
Leroy A. Anderson, Pres/Kern Funeral Home

Print of Type Name
1122 S. 3rd Street

Address
Mount Vernon, Washington 98273

Telephone Number
360-336-2153

STATE OF WASHINGTON

County of Skagit

Leroy A. Anderson

SS.

, 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.

Date this 21st day of May 2001

Constance L. Lesourd

Print Name Constance L. Lesourd

Notary Public in and for the State of Washington

My appointment expires: 3/4/2003



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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