



200106050092
 , Skagit County Auditor

6/5/2001 Page 1 of 2 11:54:39AM

Return Address:

Morgan Bartlett
5902 268 NW
Stanwood, WA 98292

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 Epperly (2) _____ Add'l. on pg _____

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

Legal Description (abbreviated): Lot 23 Skagit River Colony Add'l. legal is on pg _____

Assessor's Property Tax Parcel / Account # P69475

Morgan Bartlett
 Claimant
John Epperly vs.
 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: Morgan Bartlett
 TELEPHONE NUMBER: 360-629-7319 ADDRESS: 5902 268 NW
Stanwood, WA 98292
- 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: Aug 11, 1998
- NAME OF PERSON INDEBTED TO THE CLAIMANT: John Epperly
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 23 Skagit River Colony
Skagit County, Wash
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
John Epperly TELEPHONE NUMBER: 425-341-1111
 ADDRESS: 920 E Cady Rd #105 Everett, WA 98203
- 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: May 12, 2001

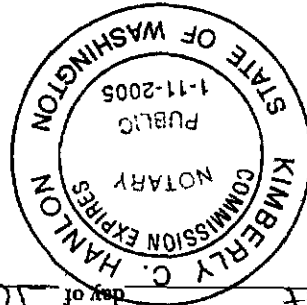


Claim of Lien
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 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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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.



Kimberly C. Hanlon
Notary Public in and for the State of Washington
My appointment expires: 1-11-2005

under penalty of perjury.
correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and
claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I
being sworn, says: I am the claimant (or attorney of the

County of Snohomish
SS. Morgan Bartlett

STATE OF WASHINGTON

Morgan Bartlett
Claimant
Print or Type Name
5902 268NW
Address
5thward, Wn 98192
Telephone Number
(360) 629-7319

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

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

1481