



200106150062
Skagit County Auditor

6/15/2001 Page 1 of 2 11:13:18AM

Return Address:

3601 West 5th Street
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) Scheffter, Jenny W. (2) Scheffter, Virginia A Add'l. on pg

Grantee(s) (Claimants): (1) James B. Scott (2) Add'l. on pg

Legal Description (abbreviated): 11110 Marina Drive, ANACORTES Add'l. legal is on page

Assessor's Property Tax Parcel /Account # 61844

James B. Scott

Claimant
vs.

Jerry & Virginia Scheffter

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: James B. Scott
TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5th St.,
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: 3/30/01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jerry Scheffter
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property): 11110 Marina Dr.,
ANACORTES, WA 98221 - Parcel #61844
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Jerry Scheffter
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: 3/31/01



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: \$249.85

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

Claimant James B. Scott
Print or Type Name
3601 West 5th St
Address
ANACOSTA
Telephone Number
360-293-6044

STATE OF WASHINGTON

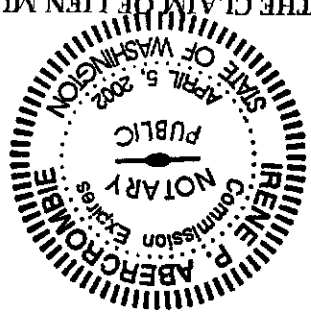
SS.

County of Island
JAMES B SCOTT

, 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 15th day of June 2001

Print Name IRENE P. ABERCROMBIE
Notary Public in and for the State of Washington
My appointment expires: 4/5/2002



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.

