

Return Address:

Tualatin Valley Builders Supply  
PO Box 1138  
Lake Oswego, OR 97035



200107100038  
Skagit County Auditor  
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### 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): 27089.997		
Grantor(s) (Owner): (1) City of Anacortes (2) Heritage Construction Group LLC		Add'l on pg ____
Grantee(s) (Claimants): (1) Tualatin Valley Builders Supply		Add'l on pg ____
Legal Description (abbreviated): 415 O Ave Lot 11-15 Blk33		Add'l legal is on page ____
Assessor's Property Tax Parcel/Account # 9803180122		

Tualatin Valley Builders Supply >  
Claimant >  
vs. >  
Heritage Construction Group LLC >  
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: Tualatin Valley Builders Supply, Inc.  
TELEPHONE NUMBER: (503) 697-6763 ADDRESS: PO Box 1138, Lake Oswego, OR 97035
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: March 22, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Heritage Construction Group LLC
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 415 O Ave Anacortes WA Lot Desc 3772 033 015 0004 Lot 11-15 Blk 33 Subdivision Anacortes Orig Rec# 9803180122 Skagit County
5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknow"): City of Anacortes PO Box 547 Anacortes WA 98221 and Heritage Construction Group LLC PO Box 1420 Ocean Shores WA 98569
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICE WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: May 16, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$49,979.68 includes finance charge through June 25, 2001 and recording fees

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

Kevin L Hillier  
(Claimant)

Kevin L Hillier  
(Print or Type Name)

PO Box 1138  
Lake Oswego, OR 97035  
(Address)

(503) 697-3763  
(Telephone Number)

STATE OF OREGON >

County of Clackamas >

Kevin L Hillier, Credit Manager, 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 9 day of July 2001



Laurie Howard  
Print Name:


Notary Public in and for the State of Oregon

My appointment expires: October 15, 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 PROVED BY LAW.

Unpaid Invoice

3-30-01	2015123	22,204.51	3-20-01 2166057	18,671.05
4-07-01	2167376	105.55	5-16-01 2170406	6,913.78

  
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