



200107300171

, Skagit County Auditor

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Return Address:

BRIAN Tipton CONSTRUCTION
708 FERRY STREET
SEDO- WOOLLEY, WA 98284

CLAIM OF LIEN

LAND TITLE COMPANY OF SKAGIT COUNTY

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) ADRIAN CANTU (2) SARAH CANTU Add'l. on pg _____Grantee(s) (Claimants): (1) BRIAN Tipton (2) DBA BRIAN Tipton CONST. Add'l. on pg _____Legal Description (abbreviated): LOT 11, EDGEWOOD ESTATES Add'l. legal is on page _____Assessor's Property Tax Parcel /Account # P107397 - 4658 - 000 - 011 - 0000BRIAN Tipton, DBA BRIAN Tipton CONST.

Claimant

vs.

ADRIAN & SARAH CANTU

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 BRIAN Tipton, DBA BRIAN Tipton CONSTRUCTION
 TELEPHONE NUMBER 360 9550411 ADDRESS: 708 FERRY ST.
SEDO- WOOLLEY, WA 98284
- 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: JULY 9, 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: ADRIAN & SARAH CANTU
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
3813 MOODY CT, ME. VERNON, WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown").
 TELEPHONE NUMBER: UNKNOWN ADDRESS: 3813 MOODY CT,
ME. VERNON, WA 98273
- 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: JULY 12, 2001

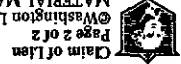


Claim of Lien
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

My appointment expires: 3-1-08
Notary Public in and for the State of Washington

Print Name: Kavan II, Eileen

Signed and sworn to before me on this 30 day of July 2001

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.

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant: Brian Tipton, DBA Brian Tipton Const.
Print or Type Name: 708 Ferry ST.
Address: 5000 - WOODLEY, WA 98284
Telephone Number: 360-855-0411

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,182.84