200108070041
, Skagit County Auditor
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Return Address:

LCC OF MOUNT VERNON
2120 E. DIVISION
MOUNT VERNON, WA 98274

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) _____ (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): 17-35-04 ACR TR 1 S/P# 3-88 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P36821

LIFE CARE CENTER OF MOUNT VERNON
Claimant

vs.

AMY YATES (POA)WILLIAM WEST
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: LIFE CARE CENTER OF MOUNT VERNON
TELEPHONE NUMBER: 360-424-4258 ADDRESS: 2311 E. DIVISION
MOUNT VERNON, WA 98274

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: MAY 1ST, 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: AMY YATES (POA) WILLIAM WEST

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): HOUSE LOCATED ON PROPERTY
8743 GREEN ROAD
BURLINGTON, WA 98233

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): WILLIAM WEST
TELEPHONE NUMBER: _____ ADDRESS: 8743 GREEN ROAD
BURLINGTON, WA 98233

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: 8/31/2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $19,546.36 Approximately

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : JOHN C STRIKER IS ASSIGNED TO LCC OF MT. VERNON

JOHN C STRIKER
Claimant
LIFE CARE CENTER OF MT. VERNON
Print or Type Name
JOHN STRIKER
Address
2120 E. DIVISION,MT. VERNON, WA 98273

360-424-4258
Telephone Number

STATE OF WASHINGTON }
} ss.
County of SKAGIT }

JOHN C STRIKER, 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.

J C Striker

Signed and sworn to before me on this 7th day of August, 2001.

JULIE M. ROBINSON-HALLGREN NOTARY PUBLIC COMMISSION EXPIRES 8-29-04 STATE OF WASHINGTON

Julie M. Robinson-Hallgren

Print Name Julie M. Robinson-Hallgren

Notary Public in and for the State of Washington

My appointment expires: 08-29-04

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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