200108300161
, Skagit County Auditor
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Return Address:

Northwest Heavy Equipment Repair, Inc
4348 Pacific Highway
Bellingham, WA 98226

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) Michael A. Munson (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) Northwest Heavy Equipment Repair, Inc (2) _____ Add'l. on pg ___

Legal Description (abbreviated): 2611 LK Cavanaugh Rd Mt. Vernon, WA 98273 Add'l. legal is on pg ___

Assessor's Property Tax Parcel /Account # P18241 350523-3-003-0208 TWN 33N RGE SE Sec 23

Northwest Heavy Equipment Repair, Inc — Claimant

vs.

Alan Hovenden / T Williams 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: Northwest Heavy Equipment Repair, Inc
TELEPHONE NUMBER: 360 676-9331 ADDRESS: 4348 Pacific Highway Bellingham, WA 98226

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: 1-15-01

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Alan Hovenden / T Williams 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) 2611 LK Cavanaugh Rd. Mt. Vernon, WA 98273 Twn 33N Rge SE Sec 23

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Michael A. Munson
TELEPHONE NUMBER: _____
ADDRESS: 12920 78th Place SE. Snohomish, WA 98296

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: 7-11-01

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3132.92

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

Linda L. Glen
Claimant
Linda Glen / Northwest Heavy Equipment Repair Inc
Print or Type Name
1464 Barrel Springs Rd.
Address
Bellingham, WA 98226
(360) 676-9331
Telephone Number

STATE OF WASHINGTON }
County of Whatcom } ss.

Linda Glen, 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 23rd day of July, 2001.

SHAWNA L GODENZI NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 12-05-01

Shawna Godenzi
Print Name SHAWNA GODENZI
Notary Public in and for the State of Washington
My appointment expires: 12-05-01

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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