



200110050119
Skagit County Auditor

10/5/2001 Page 1 of 2 10:48:19AM

AFTER RECORDING RETURN TO:


LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

OSO LUMBER, INC.)
Claimant.)
VS)
JOEY & SARAH ANDERSON)
(Name of person indebted to claimant)

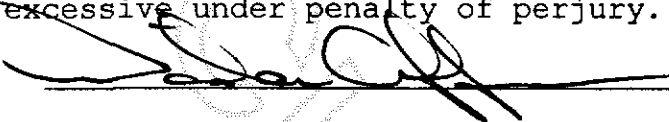
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: OSO LUMBER, INC.
TELEPHONE NUMBER: (360) 435-8397
ADDRESS: 21015 S.R. 9 N.E., ARLINGTON, WA 98223
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 27, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOEY & SARAH ANDERSON, 13290 SIGNE PL, MT VERNON, WA 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 13290 SIGNE PL, MOUNT VERNON, WASHINGTON
LEGAL DESCRIPTION: LOT 3, SHORT PLAT # 99-0030, AS RECORDED UNDER AUDITOR'S FILE NO. 200003210085, LOCATED IN THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 10, TOWNSHIP 34 NORTH, RANGE 04 EAST, W.M.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P116650.
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): JOEY & SARAH ANDERSON, 2401 CROSBY DR, MT VERNON, WA 98274 & 13290 SIGNE PL, MT VERNON, WA 98273
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: AUGUST 16, 2001
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED:
\$6,205.61, PLUS \$250.00 LIEN FEES, (TOTAL \$6,455.61), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

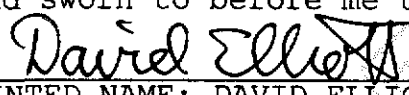

For OSO LUMBER, INC. Claimant
21015 S.R. 9 N.E.
ARLINGTON, WA 98223
(360) 435-8397
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

DORINDA COFFMAN, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.


On this day personally appeared before me, DORINDA COFFMAN, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 4 day of October, 2001.


PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: MOUNTLAKE TERRACE.
My commission expires: 1/30/2002

order #100018, dated: 10-1-2001

