200110220053
, Skagit County Auditor
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Return Address:

NELSON WHOLESALE
LUMBER COMPANY
P.O. Box 499
La Conner, WA 98257-0499

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) Schweikert Family Trust (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) Nelson Wholesale Lumber Co. Add'l. on pg ___

Legal Description (abbreviated): Lot 6 of Skagit Co. Short Plat #99-018 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P-107941

Nelson Wholesale Lumber Co.
Claimant

vs.

Mitzel + Associates
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: Nelson Wholesale Lumber Co.
TELEPHONE NUMBER: 360 466 3127 ADDRESS: P.O. Box 499, 701 S Whatcom St La Conner, WA 98257

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: 3-5-01

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Mitzel + Associates

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): See legal above plus street address is: 29082 (29082) Outlook Lane, Sedro Woolley, WA 98284

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Schweikert Family Trust
TELEPHONE NUMBER: _____ ADDRESS: 29082 Outlook Lane, Sedro Woolley, WA 98284

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: 8-30-01

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $3,267.42

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

Nelson Wholesale Lumber Co.
Claimant
TERRY W. NELSON - owner
Print or Type Name
P.O. Box 499
Address
La Conner, Wa. 98257
360-466-3127
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

TERRY W. NELSON, 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.

Terry W. Nelson

Signed and sworn to before me on this 22 day of October 2001.

Judy Zavala
Print Name Judy Zavala
Notary Public in and for the State of WA
My appointment expires: 10-1-05

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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