



200110240076
Skagit County Auditor

0/24/2001 Page 1 of 2 1:22:30PM

LF136-04

CLAIM OF LIEN

State of WASHINGTON

OCTOBER 24, 2001 (year)

County of SKAGIT SS.

Before me, the undersigned Notary Public, personally appeared

BERT RICHARDSON

DBA - EAGLE PLUMBING & REPAIR (who duly sworn says that he is (the lienor herein) (~~the agent of the lienor herein~~)
(Delete One)

BERT RICHARDSON DBA - EAGLE PLUMBING & REPAIR
(Lienor's Name)

whose address is 931 E ORANGE AVE BURLINGTON, WA 98233
(Lienor's Address)

and that in accordance with a contract with LAURA BENTZ &
KIMBERLEE WALKER

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

PLUMBING INSTALLATION OF DISHWASHER, KITCHEN SINK,
2-COMPARTMENTSINK, LABOR AND MATERIALS

on the following described real property in SKAGIT County,

State of WASHINGTON:

(Describe real property sufficiently for identification, including street and number, if known)

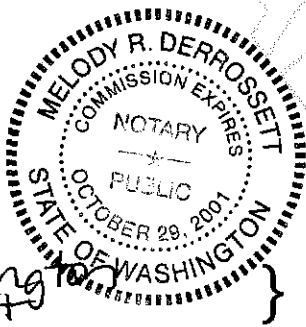
HILL CREST ESTATES, LOT 24, ACRES 0.20

1991 FOWLER PLACE
MOUNT VERNON, WA - 98273

PROPERTY ID: P95725

owned by KIMBERLEE WALKER
of a total value of \$580.18 FIVE HUNDRED EIGHTY & 18/100 Dollars
(\$ 580.18) of which there remains unpaid \$ \$580.18, and
furnished the first of the items on JULY 26, 2001 (year) and the last of the
items on JULY 26, 2001 (year) and (if the lien is claimed by one not in
privity with the owner) that the lienor served his notice to owner on OCTOBER 24
2001 (year) by mail
(Method of Service)

and, (if required) that the lienor served copies of the notice on the contractor on _____,
_____ (year), by _____, and on the subcontractor
(Method of Service)
on _____, _____ (year), by _____
(Method of Service)



BERT RICHARDSON
DBA: Eagle Plumbing & Repair

By _____
Agent
Bert L. Richardson

State of Washington
County of Skagit

On October 24, 2001 before me, Melody R. Derrossett
appeared Bert L. Richardson
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Melody R. Derrossett
Signature of Notary

Affiant _____ Known X Produced ID
Type of ID WA Drivers License
RICHABL363CO (Seal)



200110240076
, Skagit County Auditor