After Recording Return to:

2025 RIVERSIDEDR. MT. YERNON, WA 98273

Skagit County Auditor

11/7/2001 Page

1 of 2

CLAIM OF LIEN

Grantor (Owner of property whose property is being liened):	LOAKY OBDON
Grantee (Name of lien claimant):	RIVERSIDE KITCHEN CENTER
Abbreviated Legal Description (e.g. "Lot 1, Block 2,):	LOT 10, BLACKBURN RINGE PHAGE Z
Assessor's Property Tax Parcel/Account No.:	4767-000-010-0000

Notice is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.04. In support of this Lien, the following information is submitted.

- Name of Lien Claimant: RIVERSIDE KITCHEN CENTER 1. Address: Telephone Number:
- Date on which the claimant began to perform labor, provide 2. professional services, supply material or equipment or the date on which employee benefit contributions became due:

Name of person or contractor indebted to claimant: 3.

GARY DGDON

<u>}</u>	4.	Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property):
		7310 SOUTH 18TH STREET
		MILLERMON WA 98274
	5.	Name of the owner or reputed owner (if not known state "unknown"):
Samuel Land		GARY OWDON
Carried Control	6 .	>
	0. //	The last date on which labor was performed; professional services were furnished; contributions to an employee benefit plan were
	Carrier S	due; or material, or equipment was furnished:
		DLTOBER 17, 2001
	7.	Principal amount for which the Lien is claimed is: \$ 5300.00
	<i>8</i> .	If the claimant is the assignee of this claim so state here:
		⊠ No
		Yes. State name of Assignor:
STATE	OF WAS	SHINGTON)
		SKAGIT) ss.
claimant thereof, a	MiKa above n	EMEALLISTER, being sworn, says: I am the claimant or attorney for the amed; I have read or heard the foregoing claim, read and know the contents we the same to be true and correct and that the claim of lien is not frivolous and conable cause, and is not clearly excessive under penalty of perjury.
WDL MI	coudi	Mike Medilister
		Claimant/Attorney for Claimant
,	SUBSC	RIBED AND SWORN TO before me this 7th day of November,
200 <u>1</u> .		, at
	1000	**************************************
فهو	N JOHN	Print Name: Dun J. Voll
1	/SIN	NOTARY PUBLIC in and for the State of Washington Residing at: Mount Vernon, WA
S	PI	JBLIC 6 My commission expires: 1-15-2003
6 2	THE WAY	my 16 P. G. T.
	Sales Sales	WASH



1:45:16PM