

Return Address:

Aqua Solution
P.O. Box 2362
Mount Vernon, Wa
98233



200111150115

, Skagit County Auditor

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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) John S. Brown (2) Joan E. Brown Add'l. on pg

Grantee(s) (Claimants): (1) Aqua Solutions, Martin Majeske Add'l. on pg

Legal Description (abbreviated): Ptn Govt lot 1 23-36-1 Add'l. legal is on page 3

Assessor's Property Tax Parcel / Account # P46506

Martin Majeske Claimant
David Vetter vs.
John S. Brown 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: Martin Majeske
TELEPHONE NUMBER: 360-848-1338 ADDRESS: P.O. Box 2362
Mount Vernon, Wa 98273
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: June 18, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: David Vetter, David
Dean & Custom Homes.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4004 Clark Pt Road, Guemes Island
Wa, 98221
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John S. Brown
TELEPHONE NUMBER: 206-542-6476 ADDRESS: 17221 14th Ave NW
Shoreline, Wa 98177
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: 9-4-01



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

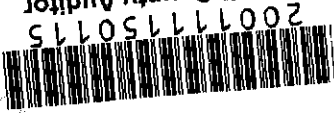
www.walegalblank.com



Claim of Lien

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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.

My appointment expires: 11-22-02

Notary Public in and for the State of Washington

Print Name Kay Stone

Signed and sworn to before me on this 15 day of November 2001

under penalty of perjury.
and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true
ney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
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

Martha Majeske

SS.

County of Skagit

STATE OF WASHINGTON

Telephone Number

360 - 848 - 1338

Address

Mount Vernon WA 98273

Print or Type Name

Box 2362

Claimant

Martha Majeske

Agua Solutions

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Claimant is assignee

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

\$ 1490.91

Legal Description

THAT PORTION GOVERNMENT LOT 1 LYING WEST OF FOLLOWING
DESCRIBED LINE: BEGINNING AT THE S1/4 SECTION LINE; THENCE
NORTH 05-12-25 EAST, 881.91 FEET MORE OR LESS TO THE NORTH
LINE OF SAID GOVERNMENT LOT 1.



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