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, Skagit County Auditor
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Return Address:
Morgan Bartlett
5902 268 NW
Stanwood Wa 98292

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) Ron Carbary (2) _____ Add'l. on pg ____

Grantee(s) (Claimants): (1) Morgan Bartlett (2) _____ Add'l. on pg ____

Legal Description (abbreviated): Lot 20 Skagit River Colony Add'l. legal is on pg ____

Assessor's Property Tax Parcel /Account # P69471

Morgan Bartlett
Claimant
vs.
Ron Carbary
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: Morgan Bartlett
TELEPHONE NUMBER (360) 629-7319 ADDRESS: 5902 268 NW
Stanwood, Wa 98292

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: Aug 1995

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Ron Carbary

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property) Lot 20 Skagit River Colony
Skagit County, Wash

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): _____
Ron Carbary TELEPHONE NUMBER: _____
ADDRESS: Box 541 Concrete, Wa.

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: [redacted] Nov 7, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $417.50

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

Morgan Bartlett
Claimant

Morgan Bartlett
Print or Type Name

5902 368 NW Stanwood, Wa.
Address

(360) 629-7319
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Morgan Bartlett, 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.

Date this 21st day of November, 2001.

Shelley L. Nevitt
Print Name Shelley L. Nevitt

Notary Public in and for the State of Washington

My appointment expires: 3-9-2003

SHELLEY L. NEVITT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-9-2003

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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