



200111210040

Skagit County Auditor

11/21/2001 Page 1 of 2 9:26:48AM

Return Address:

Morgan Bartlett5902 268thSpanwood, 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 Carbury (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 # P69471Morgan Bartlett

Claimant

Ron Carbury

vs.

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:

- NAME OF LIEN CLAIMANT: Morgan Bartlett
TELEPHONE NUMBER: (360) 624-7319 ADDRESS: 5902 268th
Spanwood, WA 98292
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ron Carbury
- 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
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
Ron Carbury TELEPHONE NUMBER: _____
ADDRESS: P.O. Box 541 Concrete, WA
- 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: Sept 7, 2001

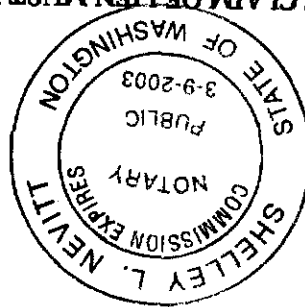


Claim of Lien

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

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.



Date this 21st day of November, 2001
Print Name Shelley L. Nevitt
Notary Public in and for the State of Washington
My appointment expires: 3-9-2003

under penalty of perjury.
correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I
being sworn, says: I am the claimant (or attorney of the

County of Skagit
Morgan Bartlett

SS.

STATE OF WASHINGTON

Telephone Number (360) 629-7319
Address 5402 268 NW Stonewood, WA
Print or Type Name Morgan Bartlett
Claimant Morgan Bartlett

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$417,500