



200112170150

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) BOWERS, STANLEY L (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_Grantee(s) (Claimants): (1) STOTLER, JEREMY K. (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_Legal Description (abbreviated): PM GOVT Lot 9, 21-35-6 Add'l. legal is on page \_\_\_\_\_Assessor's Property Tax Parcel / Account # P-41773 / 350621-4-021-0000JEREMY K. STOTLER

Claimant

vs.

STANLEY L. BOWERS

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: JEREMY K. STOTLER  
TELEPHONE NUMBER: 360-826-5228 ADDRESS: 32882 S. SKAGIT HWY  
SEDO WOOLLEY, WA 99284
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: 7-3-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: STANLEY L. BOWERS
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 32882 SOUTH  
SKAGIT HWY, SEDRO WOOLLEY, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): STANLEY L. BOWERS  
TELEPHONE NUMBER: 360-856-0275 ADDRESS: 200 N. REED ST. SEDRO  
WOOLLEY, WA 98284
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: 11-2-01



Claim of Lien

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**NOTICE TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.**

My appointment expires:

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

under penalty of perjury.

ney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above

JOEREMY STOTLER

SS.

Telephone Number

Address

Print or Type Name

Claimant

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$30,000.

I do agree that the sum of \$30,000.00 (Thirty thousand dollars) is an acceptable amount for the labors that Mr. Stotler has provided to date.

Since Mr. Stotler has allowed me to postpone full payment of this amount until I sell or refinance my property, I understand that he may file and/or record a lien at his discretion in order to secure payment for the labors he has provided, as indicated above.

Stanley L Bowers      5-5-01  
Signature                  date

Stanley L Bowers 12/17/01



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# INDIVIDUAL ACKNOWLEDGEMENT

State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that Stanley L. Bowers  
is the person who appeared before me and said person acknowledged that he/she signed  
this instrument and acknowledged it to be his/her free and voluntary act for the uses and  
purposes mentioned in the instrument.

Dated this 17<sup>th</sup> day of Dec, 20 01.



Print Name

Notary Public in and for the State of WA

My appointment expires 6-1-03



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