Skagit County Auditor

Return Address:

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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) STO TLER, JEREMY K. (2)	Add'l. on pg
Legal Description (abbreviated): Ptn Gov+ Lot 9 , 21-35-6	Add'l. legal is on page
Assessor's Property Tax Parcel /Account # P-41773 / 350621-4-02	1-0000

STOTLER JEREMY K. Claimant vs. STANCEL 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:

- NAME OF LIEN CLAIMANT: JEREMY K. 5TOTLER TELEPHONE NUMBER: 360-826-5228 ADDRESS: 32892 1. SEDRO WOOLLEY, WA 99284
- DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, 2. SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS 9-3-00 BECAME DUE:_
- NAME OF PERSON INDEBTED TO THE CLAIMANT: STANLEY L. BOWERS 3.
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 32,882 SDUTH 4. SKAGIT HWY, SEDED WOOLLEY, WA
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): 57AWLEY L. BOWER.
 TELEPHONE NUMBER: 360-856-0275 ADDRESS: 200 N. REED ST. SEDRO 5. WOOLLEY, WA 98284
- 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: // ~ 2 ~ 0 /

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE
My appointment expires: 10 - 29 - 2005
Notary Public in and for the State of MGCNINO
Print Name V LO 134V emeV ring
11260 m W MMM
The sound of bellin
Signed and sworm to before me on this
Signed and sworm to before me on this
under penalty of perjury.
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
ney of the claimant, of administrator, representative, of agent of the trustees of an employee benefit plant above
County of PUBLIC STOTLER, being sworn cave claimant (or attor-
County of South of So
STATE OF WASHINGTON
STATE OF WASHINGTON Telephone Number Telephone Number
ssə1bbA
Print or Type Name
ABJIOIS YMBABO
John Delle
B. THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$30,000,00

NOTE: THE CLAIM OF LIEU MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDI-HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDI-REAL PROPERTY IS LOCATED NO LATER THAN MINETY (90) DAYS AFTER THE CLAIMANT TON TO ANY NOTICE REQUIREMENTS THAN MINET STATES THE CLAIMANT TO ANY NOTICE REQUIREMENTS THAN MAY SELVEN THE LAST THE COUNTY WHERE THE



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I, Stanley L. Bowers, do acknowledge satisfactory performance of labors provided by Jeremy Stotler of Stotlers Concepts, as requested by me, at my property located at 32882 South Skagit Hwy., Sedro Woolley, WA 98284.

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 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 17th day of 000, 2001.



Print Name Sherry Knapp

Notary Public in and for the State of WH

My appointment expires 6-1-03

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