

Return Address:

NORDIC SERVICES, INC.

9618 Midvale Avenue North

Seattle, WA 98103



200112200044

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) Raymond Jensen (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) Nordic Services, Inc. (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P35373; cross ref #350335-2-003-0008

Nordic Services, Inc.

Claimant

vs.

Raymond Jensen

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: Nordic Services, Inc.
TELEPHONE NUMBER: 206-522-9570 ADDRESS: 9618 Midvale Ave North
Seattle, WA 98103
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: 05/24/01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Raymond Jensen
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 11115 A Jensen Lane
Burlington, WA 98233
Parcel #P35373 / cross ref #350335-2-003-0008
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Raymond Jensen
TELEPHONE NUMBER: 360-757-4138 ADDRESS: 11223 A Jensen Lane
Burlington, WA 98233
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: 09/17/01



Claim of Lien

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Claim of Lien

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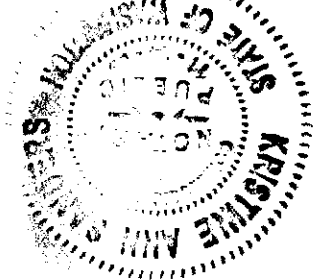
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name Kristine Sanders
Notary Public in and for the State of Washington
My appointment expires: 11/14/05

Kristine Ann Sanders

Signed and sworn to before me on this 17th day of December, 2001

Charles R. Davis
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.

STATE OF WASHINGTON
County of }
SS.

Address 9618 Midvale Ave N, Seattle WA 98103
Telephone Number 206-522-9570
Print or Type Name Charles R. Davis
Claimant
Charles R. Davis & U.P.
Notice Services, Inc.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,958.95
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: