



200112310198
Skagit County Auditor

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Return Address:

Skagit City Turf Farms, Inc
18009 Dike Rd
Mt. Vernon, WA 98273

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 38.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg. _____

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

Legal Description (abbreviated): GP 11397 Add'l. legal description on page _____

Assessor's Property Tax Parcel / Account # Lt 10 Unit 10D Alpine Farming VMA PLV

Skagit City Turf Farms Inc Claimant
 vs.
Eagle Handcraft + Design Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 65.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: Skagit City Turf Farms, Inc
 TELEPHONE NUMBER: 360-424-9410 ADDRESS: 18009 Dike Rd Mt Vernon, WA 98273
- 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: 10-30-01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: TIU KAFON
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1405 Alpine View Pl Eagle mont Mt Vernon, WA 98274
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
 TELEPHONE NUMBER: _____ ADDRESS: Unknown
- 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: 10-30-01



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 694.00

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

Claimant

Steve Smith

Print or Type Name

Steve Smith

Address

19609 DIKE Rd

Telephone Number

Mt Vernon, WA 98273

360-424-9040

STATE OF WASHINGTON

County of Skagit

SS.

Steve Smith

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

11

day of

December 2001

Print Name

Kimberly J Green

Notary Public in and for the State of

Washington

My appointment expires:

4-1-03



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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