



200202190027  
Skagit County Auditor

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Return Address:

MATHESON PLUMBING CO., INC  
PO Box 780  
Yelm wa. 98597

### 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):	<u>PH 17033</u>	
Grantor(s) (Owner): (1) <u>NORTHOMES INC.</u>	(2) <u>Jerry WALDON</u>	Add'l. on pg
Grantee(s) (Claimants): (1) <u>MATHESON PLUMBING</u>	(2) <u>Robert MATHESON</u>	Add'l. on pg
Legal Description (abbreviated):	<u>SEE Page #2</u>	Add'l. legal is on page <u>2</u>
Assessor's Property Tax Parcel /Account #	<u>PH 17033</u>	

MATHESON PLUMBING

Claimant

vs.

NORTHOMES INC. JERRY WALDON

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: MATHESON PLUMBING INC. Robert MATHESON  
TELEPHONE NUMBER: 360-458-7017 ADDRESS: PO BOX 780, YELM, WA 98597
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: 12-01-01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: NORTHOMES INC. JERRY WALDON
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 20327 ENGLISH RD Mt. Vernon, WA.  
SEE PAGE #2
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): JERRY WALDON  
TELEPHONE NUMBER: 253 360-893-0334 ADDRESS: 5007 PACIFIC HWY EAST TACOMA, WA. 98424
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: 12-31-01



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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Print Name Debra A. Greig  
Notary Public in and for the State of Washington  
My appointment expires: May 11, 2005

Date this 21 day of January, 2002.  
I, Debra A. Greig, 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.

County of Spokane  
SS. Robert P. Matheson  
STATE OF WASHINGTON

Telephone Number 509-458-7017  
Address PO Box 780 Yelm WA 98597  
Print or Type Name Robert P. Matheson  
Claimant Robert P. Matheson

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 2,900.00  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Robert P. Matheson

20327 ENGLISH ROAD MOUNT VERNON  
TAX-4A BEARING 487 FEET EAST OF SOUTHWEST CORNER OF SOUTHEAST  
QUARTER OF NORTHWEST QUARTER THAT'S SOUT 26 DEGREES 30  
MINUTES PHENCE EAST 50 FEET TO COUNTY ROAD PHENCE SOUTH 82  
DEGREES 100 FEET PHENCE NORTH 82 DEGREES WEST 100 FEET PHENCE  
SOUTH 26 DEGREES 30 FEET EAST 50 FEET TO POINT OF BEGINNING  
P#17033

UNOFFICIAL DOCUMENT



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