



200202270105
Skagit County Auditor
2/27/2002 Page 1 of 2 2:26PM

Return Address:

Western Forest Products, Inc.

2192 Division Street

Bellingham, WA 98226

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) <u>Ian & Sherry Pocock</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Western Forest Products</u>	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>7348 Teal Lane, Bow, WA</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P-111485</u>		

Western Forest Products, Inc.

Claimant

vs.

Calendar Construction

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: Western Forest Products, Inc.
TELEPHONE NUMBER: (360) 733-5474 ADDRESS: 2192 Division Street
Bellingham, WA 98226
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: May 23, 2001
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Calendar Construction
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
7348 Teal Lane, Bow, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Ian & Sherry Pocock
TELEPHONE NUMBER: _____ ADDRESS: 7348 Teal Lane, Bow, WA 98232
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: December 11, 2002



Claim of Lien

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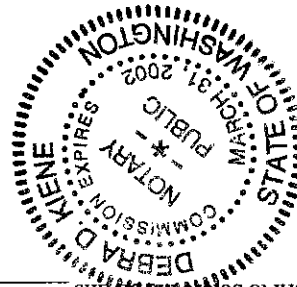
200202270105



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.

My appointment expires: 3-31-02
Notary Public in and for the State of Washington

Print Name DEBRA D KIERNE



Signed and sworn to before me on this 27th day of February 2002

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 Whatcom
SS. Jan Devore

Claimant
Jan Devore - Comptroller for
Western Forest Products, Inc.
Print or Type Name
2192 Division Street
Address
Bellingham, WA 98226
Telephone Number
(360) 733-5474

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$8,900.31
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: