200202280205
Skagit County Auditor
2/28/2002 Page 1 of 2 3:22PM

Return Address:

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) L. NEIL GAMEY (2) Add'l. on pg
Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY CLUB (2) Add'l. on pg
Legal Description (abbreviated) PARCEL/LOT 9A-EVERETTS FERTILE ACRES Add'l. legal is on page 16 - 17
Assessor's Property Tax Parcel /Account # 3910-000-009-0004 PLAT VOL. 7 - SKAGIT CO WA.

RIVERLANE COMMUNITY CLUB
Claimant

vs.

L. NEIL GAMEY
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: RIVERLANE COMMUNITY CLUB
TELEPHONE NUMBER: 360-853-8894 ADDRESS: P.O. BOX 202 - CONCRETE WA. 98237

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:

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: L. NEIL GAMEY

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44235 DALLES RD - CONCRETE - WA. 98237

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): L. NEIL GAMEY
TELEPHONE NUMBER: ADDRESS:

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: SPECIAL ASSESSMENT - DEC. 1/01 - 75.00
2002 ANNUAL DUES - JAN. 1/02 100.00
COST OF RE FILING - 20.00

Claim of Lien

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 195.00

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

M. Gilmore
Claimant

FOR
Print or Type Name

RIVER LANE Community CLUB
Address

P.O. BOX 202
Concrete - Wa 98237
Telephone Number

360-853-8897

STATE OF WASHINGTON }
} ss.
County of Skagit }

M Gilmore, 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.

M Gilmore

Date this 28 day of February, 2002.

Cheryl D Lanier

Print Name Cheryl D. Lanier

Notary Public in and for the State of Washington

My appointment expires: 11-15-04

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 B

200202280205
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2/28/2002 Page 2 of 2 3:22PM