



200203140046

Skagit County Auditor

3/14/2002 Page 1 of 2 11:32AM

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

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

Legal Description (abbreviated): P117217 Add'l. legal is on page _____Assessor's Property Tax Parcel /Account # LOT 3 Islandview Park 2 SPANCOORONALD H. ELLIOTT DBA ELLIOTT ELECTRIC

Claimant

vs.

SIGI WERICH DBA DORYAN 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: ELLIOTT ELECTRIC
TELEPHONE NUMBER: 360-299-1152 ADDRESS: 4319 GLASGOW WAY
ANACORTES, WA 98221
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: DORYAN 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):
2101 E AVE
ANACORTES WA 98221
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DORYAN CONSTRUCTION
TELEPHONE NUMBER: 360-299-3285 ADDRESS: 1004 COMMERCIAL AVE #323
ANACORTES, WA 98221
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: JAN 8, 2002



Claim of Lien

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3/14/2002 Page 2 of 2 11:32AM

Skagit County Auditor

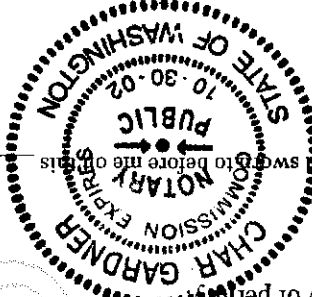
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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

Print Name CHAR GARDNER
Notary Public in and for the State of WASHINGTON
My appointment expires: 10-30-02

Signed and sworn to before me on this 14th day of MARCH, 2002



under penalty of perjury, 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

Ronald L. Elliott

STATE OF WASHINGTON }
County of SKAGIT }
SS.

Telephone Number

360-299-1152

Address

AVACOTES, WA 98221

Print or Type Name

4319 GLASSGOW WAY

Claimant

Ronald L. Elliott BA Elliott FIET

Ronald L. Elliott

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

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

\$2220.80