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Skagit County Auditor
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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 LOT 3 ISLAND VIEW PARK 2 SPANGOOD Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # _____

RONALD H. ELLIOTT DBA ELLIOTT ELECTRIC
Claimant

vs.

SIGI WERICH DBA JORYAN 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: 360-299-1162 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: JORYAN 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"): JORYAN 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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $2220.80

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

Elliott Elect.

Claimant : Ronald L. Elliott dba Elliott Elect

Print or Type Name

4319 Glasgow Way

Address

Anacortes, WA 98221

360-299-1152

Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Ronald L Elliott, 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.

CHAR GARDNER
NOTARY PUBLIC
COMMISSION EXPIRES
10-30-02
STATE OF WASHINGTON

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

Char Gardner

Print Name Char Gardner

Notary Public in and for the State of Washington

My appointment expires: 10-30-02

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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