200204290026
Skagit County Auditor
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Return Address:

DAHLMAN PUMP & WELL DRILLING INC
P O BOX 422
BURLINGTON WA 98233

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) RANDY HAMILTON (2) TERRY HAMILTON Add'l. on pg ___

Grantee(s) (Claimants): (1) DAHLMAN PUMP & WELL DRILLING INC (2) _____ Add'l. on pg ___

Legal Description (abbreviated): NE¼ S 25 T 36 R 4E Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P106756

DAHLMAN PUMP & WELL DRILLING INC
Claimant
vs.
RANDY & TERRY HAMILTON
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: DAHLMAN PUMP & WELL DRILLING INC
TELEPHONE NUMBER: 360 757-6666 ADDRESS: P O BOX 422
BURLINGTON WA 98233

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: FEBRUARY 4, 2002

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: RANDY HAMILTON TERRY HAMILTON

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4294 SR9 SEDRO WOOLLEY WA 98284
P106756, NE¼ S25 T36 R4E

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): RANDY HAMILTON TERRY HAMILTON
TELEPHONE NUMBER 661-1526 ADDRESS: 4294 SR9
SEDRO WOOLLEY WA 98284

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: FEBRUARY 4, 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $936.10

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

Scott Fowler
Claimant
DAHLMAN PUMP & WELL DRILLING INC
Print or Type Name
P O BOX 422
Address
BURLINGTON WA 98233

360 757-6666
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Scott J. Fowler, 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.

Signed and sworn to before me on this 26th day of April, 2002.

LINDA S. HILL
COMMISSION EXPIRES
NOTARY PUBLIC
OCT. 01, 2002
STATE OF WASHINGTON

Linda S. Hill
Print Name Linda S Hill
Notary Public in and for the State of Washington
My appointment expires: 10/01/02

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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