



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) <u>RANDY HAMILTON</u>	(2) <u>TERRY HAMILTON</u>	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>DAHLMAN PUMP & WELL DRILLING INC</u>		Add'l. on pg _____
Legal Description (abbreviated): <u>NE 1/4 S 25 T 36 R 4E</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P106756</u>		

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, NE 1/4 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



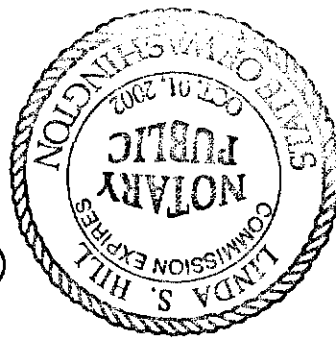


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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Signed and sworn to before me on this 29th day of April, 2002.
Print Name Linda S Hill
Notary Public in and for the State of Washington
My appointment expires: 10/01/02

I, being sworn, say: 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 Skagit }
SS. Scott J. Fowler

Claimant Scott J. Fowler
DAHLMAN PUMP & WELL DRILLING INC
Print or Type Name
P O BOX 422
Address
BURLINGTON WA 98233
Telephone Number
360 757-6666

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 :