200205060196
Skagit County Auditor
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Return Address: Steven Lockhart dba
Lockhart's Enterprises
8695 Line Rd.
Lynden, WA 98264

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) Doryan Const. & Dev. Inc. (2) _____ Add'l. on pg ___

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

Legal Description (abbreviated): Lot 3 - Island View Park No. 2 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P117217

Lockhart's Enterprises
Claimant
vs.
Doryan Const. & Dev. Inc.
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: Lockhart's Enterprises
TELEPHONE NUMBER: (360) 354-1911 ADDRESS: 8695 Line Rd.
Lynden, WA 98264

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: Feb. 8, 2002

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Doryan Const. & Dev. Inc.

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
Island View Park No. 2 - Lot 3 of Anacortes short plat - AMA-00-002
Recorded under AF # 200009150036

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Doryan Const & Dev.
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: Feb. 9, 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 2041.45

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

Steven Lockhart dba
Claimant
Lockhart's Enterprises
Print or Type Name
8695 Line Rd.
Address
Lynden, WA 98264
(360)-354-1911
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

_____, 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.

Date this 6TH day of May, 2002.

JEAN TERRY
COMMISSION EXPIRES
NOTARY
PUBLIC
4-7-2005
STATE OF WASHINGTON

Print Name Jean Terry

Notary Public in and for the State of WA

My appointment expires: 4-7-2005

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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