Return Address:

BLADES, GERALD + DONNA
P.O. BOX C-2102
LA CONNER, WA. 98257

200207090101
Skagit County Auditor
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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): W½ Lots 1-5 Blk 21, Southern to Mt. Vernon Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P54352

Donna Blades
Claimant
vs.
Lisa A. Loomis
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: GERALD + DONNA BLADES
TELEPHONE NUMBER: 360-416-6632 ADDRESS: 313-315 MORRIS STREET LA CONNER, WA. 98257 (P.O. Box C-2102)

2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR (PROVIDE PROFESSIONAL SERVICES, Lease SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Start 11-1-1998 to 7-1-2002

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: LISA A LOOMIS + GLEN R. LOOMIS

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 618 W Hazel Street Mt. Vernon, Wash. 98273 Large Older Home 3 bedroom Near Mt. Vernon Fairgrounds

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): LISA A. LOOMIS
TELEPHONE NUMBER: 360-416-0249 ADDRESS: 1500-A E. College Way #568 Mt. Vernon, WA. 982 3

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: 6-30-2002 Her Last Personal Visit- A Promise To Pay - 6-15-2002.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $16,760.58

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

Donna M. Blades
Claimant

DONNA M. BLADES
Print or Type Name

P.O. Box 1-2102
Address

LA CONNER, WA. 98257

360-416-6632
Telephone Number

STATE OF WASHINGTON }
County of Skagit } SS.

Donna M. Blades, 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 9th day of July, 2002.

Kristen L Tully

Print Name Kristen L. Tully

Notary Public in and for the State of Washington

My appointment expires: 6/19/2004

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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