

Return Address:

James B. Scott
3601 West 5th Street
ANACORTES, WA 98021

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>JAY LUND</u> (2) _____	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>James B. Scott</u> (2) _____	Add'l. on pg. _____
Legal Description (abbreviated): <u>LOT 41, MARINE HEIGHTS, ANACORTES</u>	Add'l. legal is on page _____
Assessor's Property Tax Parcel / Account # <u>P111779</u>	

James B. Scott } Claimant
 vs. }
Jay Lund } 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: J. B. Scott
 TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5th Street
ANACORTES, WA 98021
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: 4/10/02
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jay Lund
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Parcel # P 111779
LOT 41, MARINE HEIGHTS, ANACORTES, WA
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Jay Lund
 TELEPHONE NUMBER: _____ ADDRESS: 208 Fulton Street
Seattle, WA 98109
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: 5/31/02





Claim of Lien

Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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Skagit County Auditor
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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.



Print Name Vicky Lee
Notary Public in and for the State of Washington
My appointment expires: 4-25-04

Signed and sworn to before me on this 9th day of July, 2002.

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.

James B. Scott

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant James B. Scott
Print or Type Name 3601 West 5th Street
Address ANACORTES, WA 98021
Telephone Number 360-293-6094

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$265,00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: