200207290129
Skagit County Auditor
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Return Address:
ACE ACME SEPTIC SERVICE
17924 67TH AVENUE NE
ARLINGTON, WA 98223

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): 64056
Grantor(s) (Owner): (1) DAVID HASSELBERG (2) KAREN HASSELBERG Add'l. on pg
Grantee(s) (Claimants): (1) ACE ACME SEPTIC SERVICE (2) Add'l. on pg
Legal Description (abbreviated): 18405 ANDIS - BURLINGTON, WA 98233 Add'l. legal is on page
Assessor's Property Tax Parcel /Account # P9697 Green Acres Estates Lt 4

ACE ACME SEPTIC SERVICE
Claimant
vs.
DAVID & KAREN HASSELBERG
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: ACE ACME SEPTIC SERVICE
TELEPHONE NUMBER (360) 659-1881 ADDRESS: 17924 67TH AVE. NE
ARLINGTON, WA 98223

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: JULY 18, 2002

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DAVID & KAREN HASSELBERG

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
18405 ANDIS - BURLINGTON, WA 98233

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAVID & KAREN HASSELBERG
TELEPHONE NUMBER: 360-420-0782 ADDRESS: 12304 MAPLE CREST DRIVE
BURLINGTON, WA 98233

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: JULY 18, 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $412.85

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

Connie Jenner
Claimant

CONNIE JENNER
Print or Type Name

17924 6TH Ave NE
Address

Arlington Wa 98223

360.659.1881
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Connie Jenner, 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.

Connie Jenner

Signed and sworn to before me on this 29 day of July, 2002

Cheryl D Lanier

Print Name Cheryl D. Lanier

Notary Public in and for the State of Wash

My appointment expires: 11-15-04

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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