



200207290129

Skagit County Auditor

7/29/2002 Page 1 of 2 12:15PM

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): <u>64056</u>		
Grantor(s) (Owner): (1) <u>DAVID HASSELBERG</u>	(2) <u>KAREN HASSELBERG</u>	Add'l. on pg
Grantee(s) (Claimants): (1) <u>ACE ACME SEPTIC SERVICE</u>		(2) Add'l. on pg
Legal Description (abbreviated): <u>18405 ANDIS - BURLINGTON, WA 98233</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>P1617 Green Acres Estate Lt 4</u>		

ACE ACME SEPTIC SERVICE
 Claimant

DAVID & KAREN HASSELBERG
 vs.
 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:

- NAME OF LIEN CLAIMANT: ACE ACME SEPTIC SERVICE
 TELEPHONE NUMBER: 360-659-1881 ADDRESS: 17924 67TH AVE. NE
ARLINGTON, WA 98223
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: DAVID & KAREN HASSELBERG
- 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
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAVID & KAREN HASSELBERG
 TELEPHONE NUMBER: 360-420-0182 ADDRESS: 12304 MAPLE CREST DRIVE
BURLINGTON, WA 98233
- 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



Skagit County Auditor

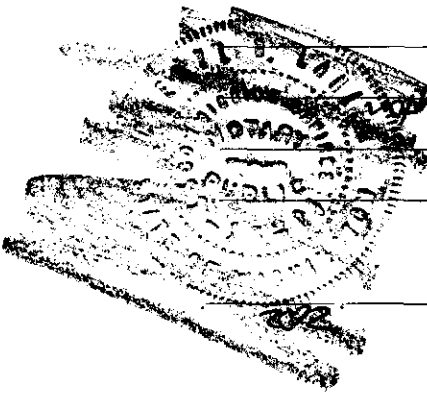
200207290129



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



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.



My appointment expires: 11-15-04

Notary Public in and for the State of Washington

Print Name Cheryl D. Lavin

Cheryl D. Lavin

29 day of July

Signed and sworn to before me on this

under penalty of perjury.
and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true
ney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
being sworn, says: I am the claimant (or attorney, administrator, representative, or agent of the trustees of an employee benefit plan) above

Connie Jensen

County of Skagit
SS.

STATE OF WASHINGTON

Telephone Number

360.659.1881

Address

1714 6th Ave NE
Wington WA 98223

Print or Type Name

Connie Jensen

Claimant

Connie Jensen

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

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

\$412.55