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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) BROWN, KATHY (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) HARTMAN, CHRISTOPHER (2) MORROW, JAMES Add'l. on pg 2

Legal Description (abbreviated): RANCH SAN JUAN DEL MAR SUB DIV 2 LOT 3 (Add'l. legal is on page ___)

Assessor's Property Tax Parcel /Account # P68270

CHRISTOPHER HARTMAN, ET AL
Claimant

vs.

KATHY BROWN
Name of person indebted to Claimant

The CLAIMANTS PAID FOR THE CONSTRUCTION OF THE EXTENSION OF SALTY LANE NONE OF THE PROPERTY OWNERS NORTH OF LOT 27 WOULD BE ABLE TO SELL THEIR PROPERTY WITHOUT THIS EXTENSION. THE BROWNS DID NOT CONTRIBUTE TO THIS PROJECT AND THEREFORE HAVE BENEFITTED AT THE CLAIMANTS EXPENSE.

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: HARTMAN CHRISTOPHER
TELEPHONE NUMBER: 360 536 9270 ADDRESS: 17216 SALTY LANE ANACORTES, WA 98221

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: AUG 6 1994

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: BROWN, KATHY

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
RANCHO SAN JUAN DEL MAR SUB DIV 2 LOT 3

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): BROWN, KATHY
TELEPHONE NUMBER: _____ ADDRESS: 3739 ~~[illegible]~~ CALLE JOAQUIN, CALABASAS, CALIF 91302

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: AUG 6 1994.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $3348.70

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

Claimant

CHRISTOPHER B HARTMAN
Print or Type Name

12216 SALTY LANE
Address

ANACORTES WA 98221

360 588 9270
Telephone Number

STATE OF WASHINGTON }
} SS.
County of SKAGIT }

Christopher Hartman, 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 6 day of August, 2002.

Cheryl D. Lanier
Print Name Cheryl D. Lanier

Notary Public in and for the State of Washington

My appointment expires: 11-15-02

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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