

Return Address:



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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):	Lot #15 Bingham Pl.	Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account #:	P77982	_____

Michelle L. KNAKE

Claimant

vs.

Russ KNAKE

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: Michelle L. KNAKE  
TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
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: \_\_\_\_\_
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Russ KNAKE
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
729 Bingham Pl. Sedro Woolley WA. 98284
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Russ & Michelle  
TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: KNAKE
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: \_\_\_\_\_





Claim of Lien

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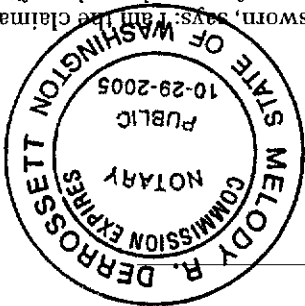


NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

Print Name Melody R. Derrossett  
Notary Public in and for the State of Washington  
My appointment expires: 10-29-2005

Signed and sworn to before me on this 25th day of September, 2002

under penalty of perjury. 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 named; I am the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above being sworn, says: Michelle L. Knake and the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above



STATE OF WASHINGTON }  
County of Skagit }  
SS. Michelle L. Knake

Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Print or Type Name Michelle L. Knake  
Claimant Michelle L. Knake

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 30,000  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_