



200209250144

Skagit County Auditor

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Return Address:

LUTHER RALPH
POB 903
LACONNER, WA, 98257

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) CAVANAUGH, DAVID (2) _____ Add'l. on pg. _____Grantee(s) (Claimants): (1) RALPH, LUTHER (2) _____ Add'l. on pg. _____Legal Description (abbreviated): LOT 3 & 4 BLOCK 13 Add'l. legal is on page 2Assessor's Property Tax Parcel /Account # P52090 SEE PAGE 2LUTHER RALPH

Claimant

vs.

DAVID CAVANAUGH

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: LUTHER RALPH ARCHITECT
 TELEPHONE NUMBER: (360) 299-9130 ADDRESS: POB 903 LACONNER, WA
98257
- 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: 15 SEPT 2000
- NAME OF PERSON INDEBTED TO THE CLAIMANT: DAVID CAVANAUGH
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
 description or other information that will reasonably describe the property): CORNER OF 2ND (SOUTH)
AND GATES ST. 508 SOUTH 2ND ST. AND 200 WEST
GATES ST.
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DAVID CAVANAUGH
 TELEPHONE NUMBER: 336-8712 ADDRESS: 200 WEST GATES
- 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: 30 JULY 2002



Claim of Lien

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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 Francis S. Soler
Notary Public in and for the State of Washington
My appointment expires: June 26, 2003

Signed and sworn to before me on this 25 day of September, 2002
Francis S. Soler

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

LUTHER RALPH

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant LUTHER RALPH
Print or Type Name POB 903
Address LACONNER WA 98257
Telephone Number (360) 299-9130

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 11,320.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Legal description: Lot 3 & 4, Block 13, Map of Mount Vernon, Gates 1st & 2nd addition to Mount Vernon as per plat recorded in vol. 2 of plats, page 98, records of Skagit County, except east 10 feet thereof for alley as conveyed to City of Mount Vernon by deed recorded March 25, 1921 in book 21 of deeds page 523.

Tax Parcel No.: P52080

Tax ID No.: 3700-013-004-0006



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