200211040051 Skagit County Auditor

9:55AM

Return Address:

NORTHWEST HEAVY EQUIPMENT REPAIR, INC.	11/4/2002 Page 1 of
4348 PACIFIC HIGHWAY	
BELLINGHAM, WA 98226	

CLAIM OF LIEN

ndexing informati	ion required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
	(fapplicable):
Grantor(s) (Ox	wner): (1) MICHAEL YEATES (2) VICTORIA YEATES Add'l. on pg
Grantee(s) (Cl	almants): (1)NORTHWEST HEAVY EQUIPMENT2REPAIR, INC. Add'l. on pg
Legal Descrip	tion (abbreviated): LOT1, SHORT PLAT NO.99-0031, RECORDED Add'l. legal is on pg 1
Assessors Pro	Deperty Tax Parcel /Account # P49458 /360419-0-013-0008 TWN 36 RGE 04 SEC 19
NORTHWES	ST HEAVY EQUIPMENT
REPAIR,	
MICHAEL	& VICTORIA YEATES (UNDER AUDITOR'S FILE NO. 20011120077
	of person indebted to Claimant: VENDEN/ANDREW HOVENDEN AND BEING A PORTION OF THE NE 1/4 OF NE 1/4 OF SEC 24, TWN 36N, RGE 3 E,
Notice	W.M., AND A PORTION OF GOV'T LOTS 1 & 2 & SE 1/4 OF NW 1/4 SEC19, TWN36, RG4EW M 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 A PROPERTY OF A PROPER
1.	NAME OF LIEN CLAIMANT: NORTHWEST HEAVY EQUIPMENT REPAIR, INC. TELEPHONE NUMBER: 360-676-9331 ADDRESS: 4348 PACIFIC HIGHWAY
	BELLINGHAM, WA 98226
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: $4-19-02$
3.	NAME OF PERSON INDEBTED TO THE CLAIMANT: ALAN HOVENDEN/ANDREW HOVENDEN
4.	DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (etreet address, legal description or other
•	information that will reasonably describe the property) 18160 FOX HOLLOW LANE BOW, WA 98232
5.	NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MICHEAL YEATES VICTORIA YEATES TELEPHONE NUMBER:
	ADDRESS: 1321 SHULER 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: 9–18–02

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS C	LAIMED IS: 6518.64	
AF THE CLAIMANT IS THE ASSIGNEE OF THIS CL	AIM SO STATE HERE: N/A	
	~ 1. W.	
	Dale Glen	
	Claimant DALE GLEN/NORTHWEST HEAVY EQ. RPR	
	Print or Type Name 4348 PACIFIC HIGHWAY	
	Address	
	BELLINGHAM, WA 98226	
	360-676-9331	
	Telephone Number	
and the second s		
STATE OF WASHINGTON		
In the state of th		
County of Willatcovi		
Claimant or administrator representative or agen	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.		
· ·	Vale Den	
Date this 30th day of Octo	n h an 2 2 m2	
Date this 50 TN day of U(TO DU) 2002		
NDAL GLA	ouraa a ruin	
Wission Eta V	Print Name LINDA L. GLEN	
A STANTON SO:	Notary Public in and for the State of Washington My appointment expires. November 30, 2005	
(0, 3 A/10) C 20 2	My appointment expires November 30, 2005	
The Mary 20 C.	My appointment expired.	
CO WASHING		
NOTE: THE CLAIM OF LIEN MUST BE FILE	ED FOR RECORDING IN THE COUNTY WHERE THE	
DEAL DEODERMINALOGAMED NO LAMED MILALANDE PROPERTY (ASLOCATED MILE OF ANALYSIS		

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.

