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Skagit County Auditor
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Return Address:

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) Dyvon M. Havens (2) ____ Add'l. on pg ____

Grantee(s) (Claimants): (1) David G. Slabaugh (2) ____ Add'l. on pg ____

Legal Description (abbreviated): 5946 Central Avenue, Anacortes, WA Add'l. legal is on page ____

Assessor's Property Tax Parcel /Account # P65052 / Denny Beach 2nd Add Lts 37 + 38

David G. Slabaugh
Claimant

vs.

Dyvon M. Havens
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: David G. Slabaugh
TELEPHONE NUMBER: 360 293-0221 ADDRESS: 5946 Central Ave., 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: 9.23.02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ~~David~~ Dyvon M. Havens

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
5946 Central Avenue, Anacortes, WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Dyvon M. Havens
TELEPHONE NUMBER: 360 293-0221 ADDRESS: 5946 Central Ave, Anacortes WA 98221

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: [redacted] 12.26.02

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $42,030.84

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

David G Slabaugh
Claimant

David G. Slabaugh
Print or Type Name

5946 Central Avenue
Address

Anacortes, WA 98221

360 293-0221
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

David G Slabaugh, 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.

Signature above

Signed and sworn to before me on this 26 day of December, 2002.

Cheryl D Lanier
Print Name Cheryl D Lanier

Notary Public in and for the State of WA

My appointment expires: 11-15-04

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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