200301150068
Skagit County Auditor
1/15/2003 Page 1 of 2 10:33AM

Return Address:
James P. Comer
3228 Jerns Rd.
Sedro Woolley, Wa. 98284

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): Skagit City Lots 1-16 Add'l. legal is on page ____

Assessor's Property Tax Parcel / Account #: P75258

James P. Comer
Claimant
vs.
Joe Hardy
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: James Patrick Comer
TELEPHONE NUMBER: 360 595-2013 ADDRESS: 3228 Jerns Rd. Sedro Woolley, WA. 98284

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: 10/15/02 Thru 10/30/02 Wages due Payday on 11/5/02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Joe Hardy - Homeowner

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 18486 Skagit City Rd. Mt. Vernon, Wash. 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Joseph Hardy
TELEPHONE NUMBER: 360 445-2952 ADDRESS: 18486 Skagit City Rd. Mt. Vernon, Wash. 98273

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: October 15th Thru. October 30th 2002 - Wages due
Last day Labor performed October 30th 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 93 hrs. labor @ $20.00 an hR = $1,860.00 wages due

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

Claimant [signature]

Print or Type Name James Patrick Comer

Address 3228 Jerns Rd.
Sedro Woolley, Wa. 98284

(360) 595-2013
Telephone Number

STATE OF WASHINGTON }
} ss.
County of WHATCOM }

[signature], 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 14 day of JANUARY, 2003.

JESSICA R. LEWIS
COMMISSION EXPIRES
NOTARY
PUBLIC
9-13-06
STATE OF WASHINGTON

[signature]

Print Name JESSICA LEWIS

Notary Public in and for the State of WASHINGTON

My appointment expires: 9-13-06

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.