200301230166
Skagit County Auditor
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Return Address:
AWS
14021 Bradshaw Rd
Mt Vernon WA 98273

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): 27-33-4 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P17348

AFFORDABLE WATER SYSTEMS
Claimant
vs.
Michael Hoeppner
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: AFFORDABLE WATER SYSTEMS
TELEPHONE NUMBER: 360 424 7444 ADDRESS: 14021 Bradshaw rd
Mt Vernon WA 98273

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 AUG 02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Michael Hoeppner

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 21753 Tyee Rd
Mt Vernon WA 98274 NW¼ NE¼ Sec 27 T33 R4

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Michael Hoeppner
TELEPHONE NUMBER: 360 445 4522 ADDRESS: 21753 Tyee Rd Mt Vernon WA. 98274

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: 28 OCT 02

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 4104.20

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

Greg Halvorson DBA / Affordable Water Systems
Claimant
Affordable Water System
Print or Type Name
14021 Bradshaw Rd
Address
Mt Vernon WA 98273
360 424 7444
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Greg Halvorson, 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.

Greg Halvorson

Signed and sworn to before me on this 23 day of January, 2003.

PAM STRADFORD NOTARY PUBLIC COMMISSION EXPIRES 8-29-06 STATE OF WASHINGTON

Pam Stradford
Print Name Pam Stradford
Notary Public in and for the State of Washington
My appointment expires: 8/29/06

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.

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