



200301280138

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) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # P108140 + P41773

GEORGE S. ADAMS III

Claimant

vs.

JEREMY K. STOTLER

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: GEORGE S. ADAMS III
TELEPHONE NUMBER: 360-422-5620 ADDRESS: P.O. BOX 628
CLEAR LAKE, WA. 98235
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: 10-13-94
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JEREMY K. STOTLER
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 32912 - S.
SKAGIT HWY., SEDRO LODDLEY, WA. 98284
P108140 AND P41773
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown");
TELEPHONE NUMBER: 360-826-5228 ADDRESS: _____
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: _____



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 7,159.50 + 12% INTEREST
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

GEORGE S. ADAMS III
Claimant
George S. Adams III
Print or Type Name
P.O. BOX 628
Address
CLEAR LAKE, WA. 98235
360-422-5620
Telephone Number

STATE OF WASHINGTON

County of Skagit } SS.

GEORGE S. ADAMS III, 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 28 day of January 2003

Judy Zarala
Print Name Judy Zarala
Notary Public in and for the State of WA
My appointment expires: 10/05

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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