

Return Address:

Kern Funeral Home
1122 S. 3rd Street
Mount Vernon, Washington 98273



200302100261
Skagit County Auditor

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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) <u>George S. Adams</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Kern Funeral Home</u>	(2) <u>LeRoy A. Anderson, Pres.</u>	Add'l. on pg _____
Legal Description (abbreviated): <u>25280 Star View Rd.</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P-113563</u>		

Kern Funeral Home } Claimant
 vs.
George S. Adams }
 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:

- NAME OF LIEN CLAIMANT: Kern Funeral Home/LeRoy A. Anderson, pres.
 TELEPHONE NUMBER: 360-336-2153 ADDRESS: 1122 S. 3rd St. Mount Vernon, Washington 98273
- 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: 3/12/2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: George S. Adams
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 25280 Star View Rd. Mount Vernon, Washington 98273
- NAME OF THE OWNER OR REPLETED OWNER (If not known state "unknown"): George S. Adams
 TELEPHONE NUMBER: 1-360-422-5620 ADDRESS: 25280 Star View Rd. Mount Vernon, Washington 98273
- 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: February 12. 2001



Skagit County Auditor

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WH

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Claim of Lien



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.

My appointment expires: 2/10/2003
Notary Public in and for the State of Washington
Print Name Constance L. Lesourd

Constance L. Lesourd

Signed and sworn to before me on this 10th day of February, 2003

Leroy A. Anderson
Leroy A. Anderson, 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.

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant Leroy A. Anderson, Pres./Leroy A. Anderson
1122 S. 3rd Street
Print or Type Name Mount Vernon, Washington 98273
Address 360-336-2153
Telephone Number " "

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2,909.98 plus 18% Interest added each year.
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

