Return Address:

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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) L. NEIL GAMEY (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY CLUB (2) _____ Add'l. on pg ___

Legal Description (abbreviated) PARCEL/Lot 9A EVERETTS FERTILE ACRES - PLAT VOL 7 Add'l. legal is on page 16 & 17

Assessor's Property Tax Parcel /Account # 3910-000-009-004 SKAGIT CO. WA

P-65216

RIVERLANE COMMUNITY CLUB
Claimant

vs.

L NEIL GAMEY
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: RIVERLANE COMMUNITY CLUB
TELEPHONE NUMBER: 360-853-8897 ADDRESS: P.O. BOX 202 - CONCRETE WA 98237

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. NAME OF PERSON INDEBTED TO THE CLAIMANT: L NEIL GAMEY

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44235 DALLES RD. CONCRETE - WA 98237

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): L. NEIL GAMEY
TELEPHONE NUMBER: _____ 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: SPECIAL ASSESSMENT - DEC 1/02 - 100.00
ANNUAL DUES — JAN. 1/03 - 120.00
COSTS - RE FILING — — 20.00
TOTAL - 240.00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 240.00

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

M. Gilmore
Claimant
FOR
Print or Type Name
RIVERLANE COMMUNITY CLUB
Address
P.O. BOX 202-CONCRETE WA 98237
360 853-8897
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

MELODY R. DERROSSETT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-29-2005

MARGARET GILMORE, 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.

M. Gilmore

Signed and sworn to before me on this 21st day of February 2003.

Melody R. Derrossett
Print Name Melody R. Derrossett
Notary Public in and for the State of Washington
My appointment expires: 10-29-2005

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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