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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) ESTATE OF PATRICK PLOEG (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) GARY MAXFIELD (2) MAXFIELD DIESEL Add'l. on pg___

Legal Description (abbreviated): Lt 2 SP 18-78 2c-362 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P115459 / 360226-0-030-0400

_____
Claimant
vs.
_____
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: GARY MAXFIELD
TELEPHONE NUMBER: 360-755-4137 ADDRESS: 417 N. ANACORTES ST
BURLINGTON, WA. 98233

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: 09/06/02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: PATRICK D. PLOEG

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): _____

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): _____
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: 02/06/03

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 5849.97

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : N/A

Claimant

GARY MAXFIELD
Print or Type Name

417 N. ANACORTES ST.
Address

BURLINGTON, WA. 98233

360-755-1137
Telephone Number

STATE OF WASHINGTON }
} SS.
County of SKAGIT }

GARY MAXFIELD, 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 27 day of February 2003.

Print Name Judith M. Zavala

Notary Public in and for the State of WA.

My appointment expires: 10-1-05

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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