

Return Address:

Dinah Marie Luke  
6976 Mission Road  
Everson, Washington  
98247



200303180176  
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): <u>PLC 2288</u>		
Grantor(s) (Owner): (1) <u>Riverland LLC (Mike)</u>	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) <u>Dinah M Luke</u>	(2) <u>Johnny R Hall</u>	Add'l. on pg
Legal Description (abbreviated): <u>Lot 5, Lot 6</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>3870 - 000 - 006 - 0005</u>		

Dinah M Luke  
Claimant  
AKA (Mike) Riverland LLC vs.  
Name of person indebted to Claimant

Riverland LLC

63 A -  
62.A.2A-103

Notice is hereby given that the person named below claims a lien pursuant to chapter 64 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: Dinah M Luke  
TELEPHONE NUMBER: 360/966-2697 ADDRESS: 6976 Mission  
Everson, Washington 98247
- 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: 8/31/00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: AKA Mike (Riverland LLC)
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lots 5, Lot 6,  
Carefree Acres, Maple Mount, WA  
99350 Pandora Circle, Maple Mount,  
Washington
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):  
TELEPHONE NUMBER: ADDRESS: Unknown  
or Dinah M Luke
- 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: On Going



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1,00,000
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes

Dinah M Duke  
Claimant

Dinah M Duke  
Print or Type Name

6976 Mission Road  
Address

Everson, Washington  
(360) 966-2647  
Telephone Number

STATE OF WASHINGTON

County of Skagit

SS.

Dinah M Duke, 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 18 day of March

Cheryl D. Lanier  
Print Name

Notary Public in and for the State of Washington

My appointment expires: 11-15-04

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.

FRAUD (FRCP 9b)



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