



200305190179

Skagit County Auditor

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) MATT JAMES CONST. (2) HENRY + TAMi MASON Add'l. on pgGrantee(s) (Claimants): (1) THE CABINET CONNECTION. (2) Add'l. on pgLegal Description (abbreviated): LT 3 S/P #95-033 PTN SW 1/4 NE 1/4 Add'l. legal is on pageAssessor's Property Tax Parcel /Account # P 108652 32-35-4THE CABINET CONNECTION

Claimant

vs.

MATT JAMES + HENRY + TAMi MASON

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: KIRK D. FELLERS (THE CABINET CONNECTION)
TELEPHONE NUMBER: 360-428-8731 ADDRESS: 1221-B RIVERSIDE DR MT. VERNON
WA 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: 02/13/03
- NAME OF PERSON INDEBTED TO THE CLAIMANT: MATT JAMES CONST.
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
LT 3 S/P #95-033 PTN SW 1/4 NE 1/4 32-35-4
13633 Maribugh Rd. MT. VERNON WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): HENRY + TAMi MASON
TELEPHONE NUMBER: ADDRESS: 13633 Maribugh Rd. MT. VERNON WA
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: 5/10/03



Claim of Lien

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Claim of Lien

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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: 10-29-2005

Notary Public in and for the State of WA

Print Name Melody R. Derrossett

Melody R. Derrossett

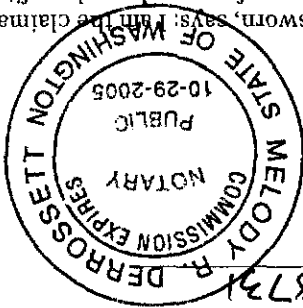
Signed and sworn to before me on this 19th day of May 2003

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Kirk D. Fellens

County of Skagit

STATE OF WASHINGTON



Telephone Number

360-428-8731

Address

MT. VENARD WA 98273

Print or Type Name

1221-B Riverside Dr.

Claimant

Kirk D. Fellens

THE CABINET CONNECTION (Kirk D. Fellens)

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$15,507.51