200310270147
Skagit County Auditor
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Return Address:
Rustad Construction Inc.
P.O.Box 937
Anacortes, WA 98221

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): 3018 Georgia Place
Grantor(s) (Owner): (1) Armstrong, Steve (2) _____ Add'l. on pg ___
Grantee(s) (Claimants): (1) Rustad Construction Inc. (2) _____ Add'l. on pg ___
Legal Description (abbreviated): Sec. 23 Township 35 Range 01 Add'l. legal is on page ___
Assessor's Property Tax Parcel / Account # P108596

Rustad Construction Inc.
Claimant
vs.
Steve Armstrong
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: Rustad Construction Inc.
TELEPHONE NUMBER: 360 588-9580 ADDRESS: P.O.Box 937 Anacortes, WA 98221

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: 4/30/03

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Steve Armstrong

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 3018 Georgia Place, Anacortes, WA 98221; P108596 Lot 12
4673-000-012-0000

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Steve Armstrong
TELEPHONE NUMBER: 360 929-1112 ADDRESS: 3217 Coachman Lane Oak Harbor, WA 98277

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: 10/10/03

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 23,201.02

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

Rusted Construction Inc.
Claimant
By: ~~Monte Rustad~~ Danielle Rustad
Print or Type Name
P.O. Box 937
Address
Anacortes, WA 98221
360 588-9580
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Danielle Rustad, 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 27th day of October, 2003.

CATHERINE L. TIMMERMAN NOTARY PUBLIC COMMISSION EXPIRES 6-16-07 STATE OF WASHINGTON

Catherine L Timmerman
Print Name Catherine L. Timmerman
Notary Public in and for the State of WA
My appointment expires: 6-16-07

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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