



200311180046

Skagit County Auditor

11/18/2003 Page 1 of 2 11:13AM

Return Address:

Mark DRISCOLL
360 CASCADE PL. APT # 125
Burlington, WA 98233

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): 4083-000-017-0003 (PID P72509)

Grantor(s) (Owner): (1) Mark Driscoll (2) Christy Driscoll Add'l. on pg. _____

Grantee(s) (Claimants): (1) MARK DRISCOLL (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): Fairview ADD Replat Lot 17 DK 12 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 8160,000,00

MARK DRISCOLL Claimant
 vs.
Christy Driscoll 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: MARK DRISCOLL
 TELEPHONE NUMBER: (360) 757-8882 ADDRESS: 360 CASCADE PL, Apt # 125
Burlington, WA 98233
- 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: _____
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Christy Driscoll
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 215 Pioneer Dr
Burlington, WA 98233
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Christy Driscoll
 TELEPHONE NUMBER: 757-0477 ADDRESS: 215 Pioneer Dr
Burlington, WA 98233
- 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: _____



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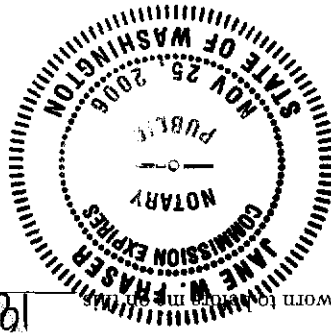


MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER



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.

Print Name: Jane W. Fraser
Notary Public in and for the State of Washington
My appointment expires: 11-25-2006



Signed and sworn to before me on this 18th day of November, 2003

On November 18, 2003, Mark Driscoll appeared before me under penalty of perjury. I have read or heard the foregoing claim, read and know the contents thereof, and believe (he 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) 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 (he 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)

STATE OF WASHINGTON }
County of _____ }
SS.

Claimant: Mark Driscoll
Print or Type Name: 360 CASCADE PL. apt # 125
Address: Buckley WA 98233
Telephone Number: (360) 757-8882

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$160,000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: