

Return Address:



200402020066

Skagit County Auditor

2/2/2004 Page 1 of 2 9:56AM

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) L. NEIL GAMEY (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY CLUB (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): PARCEL/LOT 9A-EVERETS FERTILE ACRES/PLAT VOL 7 Add'l. legal is on page 16 + 17

Assessor's Property Tax Parcel / Account # 3910-00-009-004 P65216 SKAGIT CO. WASH.

RIVERLANE COMMUNITY CLUB

Claimant

vs.

L. NEIL GAMEY

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: RIVERLANE COMMUNITY CLUB
TELEPHONE NUMBER: 360.853.8897 ADDRESS: PO. BOX 202-CONCRETE, WASH 98237
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: _____
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: L. NEIL GAMEY
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44235 DALLAS RD. CONCRETE, WASH. 98237
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): L. NEIL GAMEY
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: SPECIAL ASSESSMENT-DEC. 1/2003-100.00 COSTS-RE FILING-40.00
ANNUAL DUES-JAN. 1/2004-125.00
PIPE REPAIRS on PROPERTY 2003-63.08 TOTAL-320.08



Claim of Lien

Page 1 of 2

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98

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

www.walegalblank.com



Claim of Lien
Page 2 of 2
©Washington Legal Black, Inc. Issued WA Form No. 90 10/98

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHAT.



200402020066
Skagit County Auditor

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.

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.

MARGARET GILMORE

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant for M. Gilmore
Print or Type Name RIVERLAKE Community Club
Address P.O. Box 202 - Concrete, WA 98237
Telephone Number 360-853-8897

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 320.08
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

Signed and sworn to before me on this 2 day of February
Print Name Cheryl A. Jones
Notary Public in and for the State of Washington
My appointment expires: 11-15-04