



200402100107

Skagit County Auditor

2/10/2004 Page

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2 12:39PM

FORM E (RCW 60.04.091)

[Name of Claimant]

Claimant,

LISA E COOPER

) mechanics Lien

) CLAIM OF LIEN

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. LISA E COOPER

(Name of Claimant)

(360) 708-6702 / 360-853-7022

(Telephone Number)

mail PO Box 452 Hamilton WA 98255

(Address of Claimant)

Physical 52984 Railroad Ave. Rockport 98283

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:

Dec 03 Appraisal 350⁰⁰

Jan 04 Home Inspection for Repairs and Loan 280⁰⁰

3. Name of person indebted to the claimant:

Marty wicks or new Buyer

4. Description of the property against which a lien is claimed:

P.44716 - Residential - Home
3 Cabins

52921 Rockport Park Rd

Rockport, WA. 98283

5. Name of the owner or reputed owner:

Marty wicks

Mike Phors

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:

Dec 03 Appraisal - Paid By Buyer LISA COOPER

Jan 04 Home Inspection Paid Buyer

7. Principal amount for which the lien is claimed is:

\$630⁰⁰

8. If the claimant is the assignee of this claim so state here:

Marty wicks seller intentionally selling said property to second party while still requesting contractor bids from first Buyer LISA COOPER. Buyer home obt of good faith. Jan 19 had verbal extension with intent to repair home for final purchase and sale. Seller's party required contractors bids from LISA COOPER Feb 04, even though seller had intent of selling property to second offer. LISA COOPER was unaware of transaction and seller did not give written notice of sale.

Letter to Construction Industry Client
(with Sample Forms) to second offer.

9. If the claimant extended credit on the amount being liened, state the terms of such credit here:

LSA E. COOPER
(Company Name)

By: _____
Its: _____

PO BOX 452
HAMILTON WA 98255
(360) 708-6702 / 360-853-7022
(Address and Telephone Number)

STATE OF WASHINGTON)
)ss.
COUNTY OF Skagit)

Lisa E Cooper, being sworn, says: I am 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.

Subscribed and sworn to before me this 10 day of February 2004

Lisa E Cooper
Printed Name: Lisa E Cooper
NOTARY PUBLIC in and for the State
of Washington, residing at: Skagit County
My commission expires: 11-15-04

