

UNOFFICIAL



200403160035
Skagit County Auditor

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Return Address:

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) _____	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) _____	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>Lot 21 mt View Park</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account #: <u>P 57979</u>		

ELLIOTT ELECTRIC }
 Claimant
 vs.
SCOTT B BAUMANN }
 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: ELLIOTT ELECTRIC
 TELEPHONE NUMBER: 360-941-1625 ADDRESS: 4319 GILSGOW WAY, ANACORTES, WA 98221
- 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: 3-1-04
- NAME OF PERSON INDEBTED TO THE CLAIMANT: SCOTT B BAUMANN
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 4122 R AVE ANACORTES, WA 98221 P 57979
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): SCOTT B BAUMANN
 TELEPHONE NUMBER: 293-7679 ADDRESS: 4122 R AVE ANACORTES WA, 98221
- 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: 3-1-04



P57979



Claim of Lien

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

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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: 10-10-05

Notary Public in and for the State of WA

Print Name: Kenneth J. Zavarok

Signed and sworn to before me on this 16 day of March 2004

under penalty of perjury. 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.

Ronald H. Ellion

STATE OF WASHINGTON }
County of Skagit }
SS.

Telephone Number: 1-360-941-1625

Address: Anacortes, WA 98221

Print or Type Name: ELIOTT ELECTRIC

Claimant: [Signature]

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2982.57

