

RETURN TO:

UNITED RENTALS NORTHWEST, INC.

P. O. BOX 816

RENTON, WA 98057



200403220016  
Skagit County Auditor

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UNITED RENTALS NORTHWEST, INC.

Claimant

VS.

STAFFANSON FARMS INC.

Name of person indebted to claimant:

## CLAIM OF LIEN

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 UNITED RENTALS N.W., INC. Name of Owner EMERALD PARTNERSHIP ETAL  
Or C/O ROUW JILL

1. Claimant: P. O. BOX 816

5. Reputed Owner: MELANIE BRUCH, LIVING TRUST

Address: RENTON, WA 98057

Address: P. O. BOX 1545

MOUNT VERNON, WA 98273

Telephone #: (425) 272-0080

Certified #: 7001 2510 0003 8003 5535

(LOC. #B-04, 34330140-001)

2. Date of which the claimant began to perform labor, provide professional services, supply or equipment or the date of which employee benefit contributions became due: JULY 9, 2003

3. Name of person indebted to the claimant: STAFFANSON FARMS INC.

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

NORTHEAST QUARTER OF SOUTHEAST QUARTER, LYING WEST & SOUTH OF DODGE VALLEY ROAD DT 22 DK 9, LESS ROAD OPEN SPACE #136, #832901 1977, IN SECTION 06, TOWNSHIP 33 NORTH, RANGE 03 EAST, W.M., ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P15489 (#330306-4-001-0003)

COMMONLY KNOWN AS : 12918 DODGE VALLEY ROAD  
MOUNT VERNON, WA 98273

6. This 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:

SEPTEMBER 26, 2003

7. Principal amount for which the lien is claimed is: \$12,068.96 + \$110.00 LIEN FEE = \$12,178.96

8. If the claimant is the assignee of this claim so state here: NONE

State of Washington, County  
of

KING, ss.

**JOY A. TANSEY**, (PRESIDENT OF CONSTRUCTION CREDIT CORP, AGENT FOR CLAIMANT) being sworn, says: I am the claimant (or attorney of the claimant or administrator, representative, or agent of the claimant or 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 18TH day of MARCH 2004

Notary Public in and for the State of Washington, residing at: SEATTLE

My Commission Expires: OCTOBER 10, 2004



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