



200403230138
Skagit County Auditor

3/23/2004 Page 1 of 2 3:25PM

Return Address:

BRIAN TIPTON, DBA BRIAN TIPTON CONST
708 FERRY ST.
SEDRO WOOLLEY, WA 98284

CLAIM OF LIEN

M-14415

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) CORNELIA HULSCHER	(2)	Add'l. on pg.
Grantee(s) (Claimants): (1) BRIAN TIPTON	(2) DBA BRIAN TIPTON CONST,	Add'l. on pg.
Legal Description (abbreviated): SHANGRI LA LOT 24		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # 069015		

BRIAN TIPTON, DBA BRIAN TIPTON
CONST, Claimant
vs.
CORNELIA HULSCHER
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: BRIAN TIPTON, DBA BRIAN TIPTON CONST,
TELEPHONE NUMBER 360-855-0411 ADDRESS: 708 FERRY ST,
SEDRO WOOLLEY, WA 98284
- 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: DECEMBER 29, 2003
- NAME OF PERSON INDEBTED TO THE CLAIMANT: CORNELIA HULSCHER
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property): 35648 SHANGRI LA
DR. SEDRO WOOLLEY, WA 98284
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): CORNELIA HULSCHER
TELEPHONE NUMBER 360-298-8466 ADDRESS: 4914 KINGSWAY
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: FEBRUARY 13, 2004



Claim of Lien
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Claim of Lien



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 Shery Knap
Notary Public in and for the State of WA
My appointment expires: 6-1-07

Signed and sworn to before me on this 22nd day of March, 2004

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

STATE OF WASHINGTON
County of Skagit
SS. Brian Tipton

Claimant Brian J. Tipton
Print or Type Name 908 FERRY ST
Address SEBRD WOODLEY, WA 98284
Telephone Number 360 855044

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,798.25
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES