

COVER SHEET



200404050151

Skagit County Auditor

4/5/2004 Page 1 of 3 11:26AM

RETURN TO:  
Stephen G. Schutt

\_\_\_\_\_  
P.O. Box 1032  
\_\_\_\_\_  
Anacortes, WA 98221  
\_\_\_\_\_

DOCUMENT TITLE(S) ( or transactions contained herein): Claim of Lien

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

[ | ADDITIONAL REFERENCE NUMBERS ON PAGE \_\_\_\_\_  
OF DOCUMENT.

GRANTOR(S) ( Last name, first name and initials):

1. Anacortes Interiors Flooring Connection, LLC Claimant
- 2.
- 3.
- 4.

[ | ADDITIONAL NAMES ON PAGE \_\_\_\_\_ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. Scott Bauman, Debtor
- 2.
- 3.
- 4.

[ | ADDITIONAL NAMES ON PAGE \_\_\_\_\_ OF DOCUMENT.

LEGAL DESCRIPTION ( Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

Lot 21 Mountain View Park

[ | ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_\_ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P57979

[ | TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE \_\_\_\_\_ OF DOCUMENT.

UNOFFICIAL DOCUMENT  
ANACORTES INTERIORS )  
FLOORING CONNECTION, LLC )  
Claimant )

**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. NAME OF CLAIMANT: Anacortes Interiors Flooring Connection, LLC

TELEPHONE NUMBER: (360) 293-6000

ADDRESS OF CLAIMANT: 902 Commercial Avenue, Anacortes, WA 98221

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: Scott Bauman

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

Lot 21, MOUNTAIN VIEW PARK, according to the plat thereof, recorded in Volume 7 of Plats, page 77, records of Skagit county, Washington, situated in Skagit County, Washington

Tax ID No. P57979

5. Name of the owner or reputed owner: Scott Bauman



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6. The last date in which labor was performed, professional services were furnished, contributions to an employee benefit plan were due; or material, or equipment was furnished:

February, 2004

7. Principal amount for which the lien is claimed is: \$1,880.00

8. If the claimant is the assignee of this claim, so state here: N/A

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

Kris D. Portis

Anacortes Interiors Flooring Connection, LLC

By: KRIS D. PORTIS

Address and Telephone Number of Claimant:

902 Commercial Ave. P.O. Box 962

Anacortes, WA 98221

STATE OF WASHINGTON )

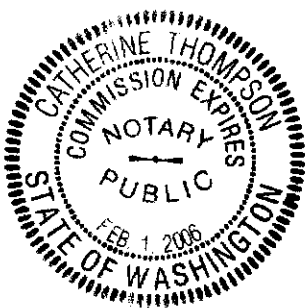
)ss

COUNTY OF SKAGIT )

KRIS D. PORTIS, 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.

Kris D. Portis

Subscribed and sworn to before me this 30 day of March, 2004.



Catherine Thompson

Printed Name: CATHERINE THOMPSON

NOTARY PUBLIC in and for the State of Washington, residing at: ANACORTES

My commission expires: 2006

CLAIM OF LIEN  
RCW 60.04.091  
FORM E



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