



200409160097
Skagit County Auditor

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Return Address:

Western Forest Products, Inc.

2192 Division Street

Bellingham, WA 98226

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) <u>Daniel D. Walker</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimant(s)): (1) <u>Western Forest Products, Inc.</u>		(2) _____ Add'l. on pg _____
Legal Description (abbreviated): <u>38087 Braack Lane, Concrete WA</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P118047</u>		

Western Forest Products, Inc.

Claimant

vs.

Daniel D. Walker

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: Western Forest Products, Inc.
TELEPHONE NUMBER: (360) 733-5474 ADDRESS: 2192 Division Street,
Bellingham, WA 98226
- 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: April 1, 2004
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel D. Walker
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 38087 Braack Lane, Concrete, WA 98237, Lot 3 of Skagit
County Short Plat 96-0041
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Daniel D. Walker
TELEPHONE NUMBER: (360) 770-1599 ADDRESS: 45194 Main Street,
Concrete, WA 98237
- 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: June 22, 2004



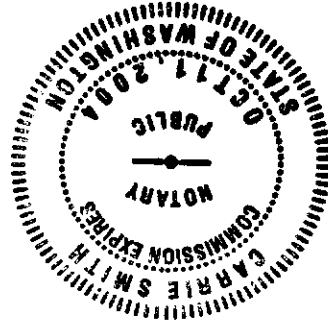
Claim of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.walegalblank.com



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[Barcode]

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 Carrie Smith
Notary Public in and for the State of Washington
My appointment expires: 10/11/04

Signed and sworn to before me on this 31 day of August, 2004.

being sworn, says: 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 under penalty of perjury.

STATE OF WASHINGTON
County of Whatcom
SS. }

Claimant Jan de Voe - Computer for
Western Forest Products, Inc.
Print or Type Name
2192 Division Street
Address
Bellingham, WA 98226
(360) 733-5474
Telephone Number

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$18,496.86