

**Skagit County Auditor** 

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LIEN RESEARCH CORP. P. O. BOX 148 MARYSVILLE, WA 98270

AFTER RECORDING RETURN TO:

## **CLAIM OF LIEN**

LAKESIDE INDUSTRIES

Claimant.

VS

RICH BEHON

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- 1. NAME OF LIEN CLAIMANT: LAKESIDE INDUSTRIES TELEPHONE NUMBER: (425) 313-2612 ADDRESS: P.O. BOX 7016, ISSAQUAH, WA. 98027
- 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: JULY 16, 2004
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: RICH BEHON, 11952 CANYON RIDGE RD, ANACORTES, WA. 98221
  - 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: 11952 CANYON RIDGE RD, ANACORTES, WA.

LEGAL DESCRIPTION: TRACT Z, OF SURVEY RECORDED UNDER AUDITOR'S FILE NO. 9204200040, FIDALGO BAY TO ANACORTES, BEING A PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 31, TOWNSHIP 35 NORTH, RANGE 2 EAST, W.M. RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P60740

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): TRACY WILLIS, 11952 CANYON RIDGE RD, ANACORTES, WA. 98221 / RICH BEHON 11952 CANYON RIDGE RD ANACORTES WA 98221
- 6. 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: JULY 20, 2004
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,623.28, PLUS \$150.00 LIEN FEES, (TOTAL \$1,773.28), PLUS INTEREST.

8. IF THE CLAMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

For, LAKESIDE NDUSTRIES, Claimant

P.O. BOX 7016

ISSAQUÄH, WA. 98027

(425) 313-2612

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON ) ss COUNTY OF SNOHOMISH )

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 15 day of October, 2004

PRINTED NAME: DAVID ELLIOTT

**NOTARY PUBLIC** 

in and for the State of Washington.

Residing in: EVERETT

My commission expires: JANUARY 30, 2006

Order #04-101035, dated: 10/12/2004

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