



200410280180

Skagit County Auditor

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Return Address:

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) SKRAGG, JOHN (2) _____ Add'l. on pg _____Grantee(s) (Claimants): (1) RALPH, LUTHER (2) _____ Add'l. on pg _____Legal Description (abbreviated): SKAGIT CO. SH. PLAT 90-054 LOT 4 Add'l. legal is on page 2Assessor's Property Tax Parcel /Account # P103390LUTHER RALPH

Claimant

vs.

JOHN SKRAGG

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:

1. NAME OF LIEN CLAIMANT: LUTHER RALPH ARCHITECT
 TELEPHONE NUMBER: (360) 299-9130 ADDRESS: POB 903 LACONNER,
WA. 98257
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: 20 JAN 2004
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN SKRAGG
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
 description or other information that will reasonably describe the property): LOT 4, DECEPTION
PASS ESTATES, SKAGIT COUNTY SHORT PLAT 90-054, ON
FIDALGO ISLAND BORDERING HWY 20.
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JOHN SKRAGG,
 TELEPHONE NUMBER: (671) 646-7662 ADDRESS: POB 9196 TAMUNING,
GUAM 96931
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: 30 JULY 2004



Claim of Lien

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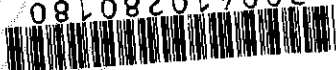
Claim of Lien
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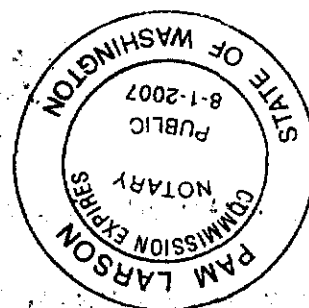
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name
Pam Larson
Notary Public in and for the State of Washington
My appointment expires: 08-01-07

Signed and sworn to before me on this 28th day of October, 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.

LUTHER RALPH

SS.

STATE OF WASHINGTON

County of Skagit

Claimant
LUTHER RALPH
Print or Type Name
POB 903
Address
LACONNER WA 98257
Telephone Number
(360) 299-9130

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$17,125.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

EXHIBIT "A"

Skagit County Short Plat No. 90-054 approved March 29, 1993, and recorded March 30, 1993, under Auditor's File No. 9303300011, Volume 10 of Short Plats page 177, records of Skagit County, Washington, being a portion of the West 1/2 of the Northeast 1/4 of the Northeast 1/4, Section 24, Township 34 North, Range 1 East, W.M., lying West of Deception Pass Highway;

EXCEPT that portion, if any, lying within that certain tract conveyed to Skagit County for road purposes by deed recorded April 3, 1934, under Auditor's File No. 261287, records of Skagit County, Washington.

TOGETHER WITH AND SUBJECT TO a 60 foot and 90 foot easement for access and utilities as delineated on the face of said Short Plat No. 90-054.

* * * END OF LEGAL DESCRIPTION * * *



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