



200411090099
Skagit County Auditor

11/9/2004 Page 1 of 2 11:45AM

Claim of Lien

State of Washington
County of Skagit

Before me, the undersigned Notary Public, personally appeared Kelli Cannon, Administrator
who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) whose address is 1036 E. Victoria Ave., Burlington, WA 98233
and that in accordance with a contract with Eagle Healthcare Inc., d.b.a. Burton Care Center
lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately) Skilled Nursing Care from 1/04 - 11/04

on the following described real property in Skagit County,
State of Washington:

(Describe real property sufficiently for identification, including street and number:
N 200 FT of S 1400 FT of E 1/2 W 1/2 SW 1/4 LESS RD
PARCEL NUMBER: P27673
15779 MOUNTAIN VIEW ROAD, MT. VERNON, WA 98274-9407

owned
by DEBRA S. DEROSE of a
total value of forty-five thousand three hundred & eighteen & 23/100 Dollars (\$ 45,318.23)
of which there remains unpaid forty-five thousand three hundred & eighteen & 23/100 Dollars (\$ 45,318.23),
and furnished the first of the items on January 4, 20 04 and the last of the
items on November 25, 20 04 and (if the lien is claimed by one
not in privity with the owner) that the lienor served his notice to owner on November 10,
20 04 by Certified Mail
(Method of Service)

And, (if required) that the lienor served copies of the notice on the contract on _____
20 _____, by _____, and on the subcontractor
(Method of Service)
on 20 _____, by _____, and (if known) on the
lender _____, on _____, by _____
(Method of Service)

Signed this 9th day of November, 2004.

Lienor: Eagle Healthcare Inc., d.b.a. Burton Care Center

By: Kelli Cannon, Administrator *Kelli Cannon*
Officer or Agent

State of Washington
County of Skagit }

On November 9, 2004 before me, Jacqueline L. Kemper,
appeared Kelli Cannon

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Jacqueline L. Kemper*
Signature of Notary

Affiant Known Produced ID

Type of ID WA Drivers License
(Seal)



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