200502090024
Skagit County Auditor
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Return Address:
Berentson Plumbing
PO Box 635
Burlington, WA 98233

# 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) Dave Berentsen (2) Berentsen Plumbing Add'l. on pg ___
Grantee(s) (Claimants): (1) Debbie Eerkes (2) _____ Add'l. on pg ___
Legal Description (abbreviated): SE¼ NE¼ 17-34-4 Add'l. legal is on page ___
Assessor's Property Tax Parcel /Account # P26752

Berentsen Plumbing
Claimant
vs.
Debbie Eerkes
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: Berentsen Plumbing - Dave Berentsen
TELEPHONE NUMBER: 360 708 9484 ADDRESS: PO Box 635
Burlington, WA 98233

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: 11-10-04

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Debbie Eerkes

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 2227
N LaVenture Mount Vernon, WA 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Debbie Eerkes
TELEPHONE NUMBER: 360 421 0161 ADDRESS: 25179 Lake Cavanaugh Rd
Mount Vernon, WA 98274

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: 11-10-04

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $609.63

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

Berentsen Plumbing
Claimant
Dave Berentsen
Print or Type Name
PO Box 635
Address
Burlington, WA 98233

Telephone Number

STATE OF WASHINGTON }
County of Skagit } SS.

Dave Berentsen, 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.

Signed and sworn to before me on this 9th day of February, 2005.

JANE W. FRASER
NOTARY PUBLIC
COMMISSION EXPIRES
NOV. 25, 2006
STATE OF WASHINGTON

Jane W. Fraser
Print Name Jane W. Fraser
Notary Public in and for the State of WA
My appointment expires: 11-26-2005

**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.**

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