200504060081
Skagit County Auditor
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Return Address:
James B. Scott
3601 West 5th Street
Anacortes, WA 98221

# 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) John C. Walgamott (2) Elizabeth Walgamott Add'l. on pg___
Grantee(s) (Claimants): (1) James B. Scott (2) _____ Add'l. on pg___
Legal Description (abbreviated): 03/Sec. 2/T 34N, R 01 Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # P68242

James B. Scott
Claimant
vs.
John C. & Elizabeth Walgamott
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: James B. Scott
TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5th Street, Anacortes, WA 98221

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: 2/23/05

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John C. & Elizabeth Walgamott

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 located at 12692 Marine Dr. Anacortes - 2.2 Ac consisting of Lot 1 & South 60 feet of Lot 2 of Marine Dr. #378

5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
TELEPHONE NUMBER: 360-293-9710 ADDRESS: 12692 Marine Dr, 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: 3/1/05

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $219.42

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

James B. Scott

James B. Scott
Claimant
JAMES B. SCOTT
Print or Type Name
3601 West 5th St.
Address
ANACORTES, WA 98221
360-293-6044
Telephone Number

STATE OF WASHINGTON
} SS.
County of Skagit

_____, 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.

~~Patti A. Lang~~ James B Scott

Signed and sworn to before me on this 6th day of April, 2005.

PATTI A. LANG NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 21, 2006

Patti A Lang

Print Name Patti A. Lang

Notary Public in and for the State of Washington

My appointment expires: 5/21/06

**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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