



200504060081

Skagit County Auditor

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2 2:15PM

Return Address:

James B. Scott3601 West 5th StreetANACORTES, WA 98021**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) <u>John C. Walgamott</u>	(2) <u>Elizabeth Walgamott</u>	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>James B. Scott</u>	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>03/ Sec. 2 / T 34 N, R 01</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P68242</u>		

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:

- NAME OF LIEN CLAIMANT: James B. Scott
TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5th Street,
Anacortes, WA 98021
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: John C. & Elizabeth Walgamott
- 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
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"):
TELEPHONE NUMBER: 360-293-9710 ADDRESS: 12692 Marine Dr.,
Anacortes, WA 98021
- 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



Claim of Lien

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Claim of Lien

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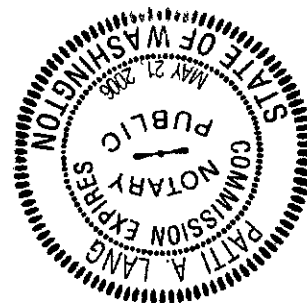
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Print Name Patti A. Lang
Notary Public in and for the State of Washington
My appointment expires: 5/21/08

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

I, being sworn, say: 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.

STATE OF WASHINGTON
County of Skagit
SS. }

Claimant James B. Scott
Print or Type Name JAMES B. SCOTT
Address 3601 West 5th St.
ANACORTES, WA 98021
Telephone Number 360-293-6014

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$819.92