



200504210150  
Skagit County Auditor

4/21/2005 Page 1 of 2 4:21PM

Return Address:

Visiting Nurse PERSONAL Services  
600 Birchwood #100  
Bellingham, WA 98225

### 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) Wayne Ramerman (2) \_\_\_\_\_ Add'l. on pg. \_\_\_\_\_

Grantee(s) (Claimants): (1) Visiting Nurse PERSONAL Services (2) \_\_\_\_\_ Add'l. on pg. \_\_\_\_\_

Legal Description (abbreviated): 14752 Rosario Rd, Anacortes \* Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # 219621

Visiting Nurse PERSONAL Services

Claimant

\*SW 1/4 SE 1/4 15.34.1

Wayne Ramerman

vs.

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: Visiting Nurse PERSONAL Services  
TELEPHONE NUMBER: 734-9662 ADDRESS: 600 Birchwood #100  
Bellingham, WA 98225
- 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: November 14, 2004
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Wayne Ramerman
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
14752 Rosario Road Anacortes, wa - 98221-
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Wayne Ramerman  
TELEPHONE NUMBER: 716-3912 ADDRESS: 14752 Rosario Road  
Anacortes, WA - 98221-
- 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: Dec. 31, 2004



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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 CONTRIBUTION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED

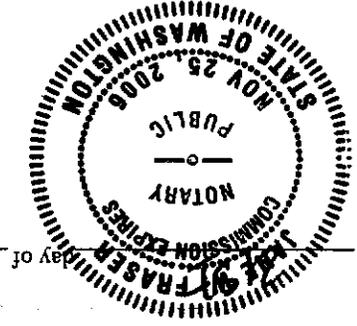
My appointment expires: 11.25.2006

Notary Public in and for the State of WA

Print Name: James W. Fraser

James W. Fraser

April, 2005



Date this day of \_\_\_\_\_

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.

County of Skagit  
Mike Rowan

SS. }

STATE OF WASHINGTON

Claimant: Visiting Nurse Personal Services  
Print or Type Name: 600 Birchwood #100  
Address: Bellingham, WA 98225  
734-9662  
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: # 299.20  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES