



200504260207

Skagit County Auditor

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Return Address:

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### 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>Elizabeth Whitmore</u>	(2) _____	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>Kermit Houck</u>	(2) _____	Add'l. on pg. _____
Legal Description (abbreviated): <u>Lot 2 - Washed Q's # 5423 # 762230 SEC 132 WP 35 R 05</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P 38951</u>		

Excelsior Construction: Kermit Houck  
Claimant

Elizabeth Whitmore  
Name of person indebted to Claimant

vs.

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: Kermit Houck  
TELEPHONE NUMBER: 336 2995 ADDRESS: 204 E. Spruce, Mt. Vernon, WA 98273
- 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: Monday, April 18, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Elizabeth Whitmore
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 8362 Robinson Rd. Sedro Wooley.
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Elizabeth Whitmore  
TELEPHONE NUMBER: 299 2421 ADDRESS: PO Box 1924 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: 4/26/05

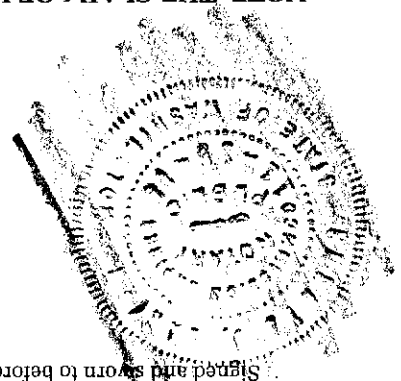




Claim of Lien  
© Washington Legal Blank Inc. Issaquah, WA Form No. 90 10/98  
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHAT

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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.



Signed and sworn to before me on this 26 day of April, 2005  
Print Name Cheryl D. Lerner  
Notary Public in and for the State of Washington  
My appointment expires: 11-15-08

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.

STATE OF WASHINGTON }  
County of Skagit }  
SS. X Lerner/Houck

Excelsior Construction  
Claimant KERMIT HOUCK  
Print or Type Name  
Address 204 E. Spruce Mt. Vernon, WA 98273  
Telephone Number 360 336 2945

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 45,854.00 (36,221) + 9,633 (7.21)
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: