



200506070137

Skagit County Auditor

6/7/2005 Page

1 of

2 3:22PM

Return Address:

James B. Scott

3601 West 5th Street

ANACORTES, 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) ALEX McLAREN (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) JAMES B. SCOTT (2) _____ Add'l. on pg _____

Legal Description (abbreviated): P58139 - W/2 LOT 8, LOT 9, & LOT 10, BK 1001 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P.58139

James B. Scott

Claimant

vs.

ALEX McLAREN

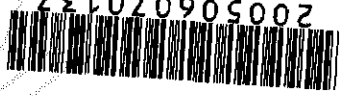
Name of person indebted to Claimant

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: 360-293-0444 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: 4/1/05
- NAME OF PERSON INDEBTED TO THE CLAIMANT: ALEX McLAREN
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P.58139 located at
W/2 LOT 8, LOT 9, & LOT 10 in Block 1001, NORTHERN PACIFIC
Addition to Anacortes, Skagit Co, WA
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ALEX McLAREN
TELEPHONE NUMBER: 253-383-4000 ADDRESS: PO Box 911
TACOMA, WA 98401
- 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: 4/6/05



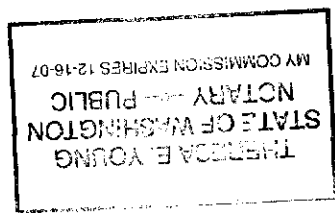
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CLAIM OF LIEN
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHAT



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 Theresa E Young
Notary Public in and for the State of Washington
My appointment expires: 12-16-07

Signed and sworn to before me on this 7 day of June 2005

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.

James B Scott

STATE OF WASHINGTON }
County of Skagit
SS.

Claimant James B. Scott
Print or Type Name 3601 West 5th Street
Address ANAGNETES, WA 98221
Telephone Number 360-293-6044

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$650.32
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :

