200506210188
Skagit County Auditor
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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) Burnart "Ben" Wolfe (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) Visiting Nurse Personal Services _____ Add'l. on pg___
Legal Description (abbreviated): Anacortes Lot 15 BLK 168 13 to 15 Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # P56074

Visiting Nurse Personal Services
Claimant
vs.
Burnart "Ben" Wolfe
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: Visiting Nurse Personal Services
TELEPHONE NUMBER: 360 734-9662 ADDRESS: 600 Birchwood #100 Bellingham WA 98225

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: March 31, 2005

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Burnart "Ben" Wolfe

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1914 11th St. Anacortes WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Burnart "Ben" Wolfe
TELEPHONE NUMBER: 360·299-96[illegible] ADDRESS: 1914 11th St 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: March 31, 2005

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 512.00

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

Visiting Nurse Personal Services
Claimant

Print or Type Name

606 Birchwood # 100
Address
Bellingham WA 98225

360 734-9662
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Whatcom }

Judy Carlson, 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.

Judy Carlson

Date this 21st day of June, 2005

Terri Briant Booth

Print Name Terri Briant Booth

Notary Public in and for the State of Washington

My appointment expires: 5/9/06

TERRI BRIANT BOOTH NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 5-9-06

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 CONT[illegible] TION TO ANY NOTICE REQUIREMENTS THAT MAY BE PR[illegible]

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