



200506210188

Skagit County Auditor

6/21/2005 Page

1 of

2 3:52PM

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 B1K 168 13 to 15

Add'l. legal is on page

Assessor's Property Tax Parcel /Account # P56074Visiting Nurse Personal Services

Claimant

Burnart "Ben" Wolfe

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: 360-734-9662 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: MARCH 31, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Burnart "Ben" Wolfe
- 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
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Burnart "Ben" Wolfe
 TELEPHONE NUMBER: 360-299-9666 ADDRESS: 1914 11th St
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: march 31, 2005



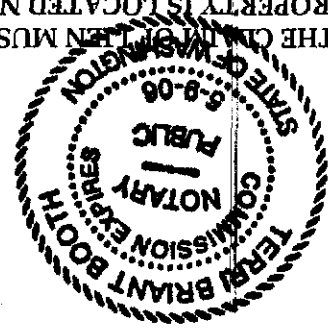
Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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NOTE: THE CLAIMANT 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 REQUIRED.



My appointment expires: 5/9/06
Notary Public in and for the State of Washington
Print Name Terry Bryant Booth

Date this 21st day of June, 2005

I, 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 and 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
County of Whatcom
STATE OF WASHINGTON
SS. }

Claimant
Visiting Nurse Personal Services
Print or Type Name
600 Birchwood # 100
Address
Bellingham WA 98225
Telephone Number
360 734-9662

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: