



200506270220

Skagit County Auditor

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Return Address:

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) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) WA SW 23344 (2) _____ Add'l. on pg _____

Legal Description (abbreviated): property at 15853 Mtn. View Rd Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account #: 627634 Mt. Vernon, WA 98274

Nancy Hiestand }
 Claimant
 vs.
Dale and Leah Visser }
 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: Nancy J. Hiestand
 TELEPHONE NUMBER: 360-924-4102 ADDRESS: 2725 E Fir #7
Mt. Vernon, Wa 98273
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: 3-17-05
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dale & Leah Visser
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 15853 Mtn. View Rd.
Mt. Vernon, Wa 98274
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Dale & Leah Visser
 TELEPHONE NUMBER: _____ ADDRESS: 15853 Mountain View Rd
Mt. Vernon WA 98284
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: _____





Claim of Lien

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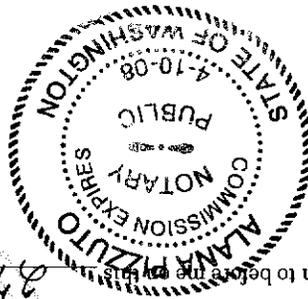
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

My appointment expires: 4-10-08
Notary Public in and for the State of Washington

Print Name: Alana H. Hiestand
Signature: Alana H. Hiestand



Signed and sworn to before me this 27th day of June 2005

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.
Nancy H. Hiestand

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant: Nancy H. Hiestand
Print or Type Name: Nancy H. Hiestand
Address: MT Vernon WA 98273
Telephone Number: 360-424-4102

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$550.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: