



200507060076

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) L. NEIL GAMEY (2) _____ Add'l. on pg _____Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY CLUB (2) _____ Add'l. on pg _____Legal-Description (abbreviated): PLAT. VOL. 7 Add'l. legal is on page 16 & 17
PLACER/LOT 9A - EVERETTS FERTILE ACRES
SKAGIT Co. WA.Assessor's Property Tax Parcel /Account # 3910-000-009-004P63216RIVERLANE COMMUNITY CLUB

Claimant

vs.

L. NEIL GAMEY

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: RIVERLANE COMMUNITY CLUB
 TELEPHONE NUMBER: 360-853-8897 ADDRESS: P.O. Box 598 - CONCRETE
WA. 98237
- 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: _____
- NAME OF PERSON INDEBTED TO THE CLAIMANT: L. NEIL GAMEY
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44235 DALLES RD. CONCRETE - WA. 98237
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): L. NEIL GAMEY
 TELEPHONE NUMBER: _____ ADDRESS: _____
- 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: ANNUAL DUES - JAN. 1/2005 - 148.00
COSTS RE FILING -
- 20.00

TOTAL - 165.00
 www.walegalblank.com



Claim of Lien

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Claim of Lien

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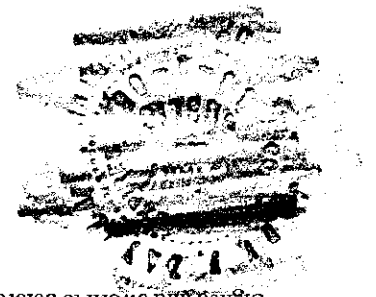
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



My appointment expires: 10/05

Notary Public in and for the State of WA

Print Name: Wendy Zavala

Signed and sworn to before me on this 6 July 2005

day of July 2005

Mr. [Signature]

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.

MARGARET GILMITE

SS.

Skagit

County of

STATE OF WASHINGTON

Telephone Number

360-853-8897

Address

8-0-Box 202 - COVINGTON WA 98237

Print or Type Name

RIVERLAKE COMMUNITY CLUB

Claimant

For

W. [Signature]

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

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

165.00