



200507060077

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) <u>GARLAND APPELGARTH</u>	Add'l. on pg _____	
Grantee(s) (Claimants): (1) <u>RIVERLANE COMMUNITY CLUB</u>	Add'l. on pg _____	
Legal Description (abbreviated): <u>PARCEL 9B-EVERETT'S FERTILE ACRES PLAT VOL 7</u>	Add'l. legal is on page <u>16417</u>	
Assessor's Property Tax Parcel / Account # <u>P65218</u>		

RIVERLANE COMMUNITY CLUB
Claimant
vs.
GARLAND APPELGARTH
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 202 - 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: GARLAND APPELGARTH
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44251 DALLIES RD - CONCRETE - WA. 98237
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown") GARLAND APPELGARTH
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 - 145.00
COSTS - RE FILING - 20.00
TOTAL - 165.00



Claim of Lien

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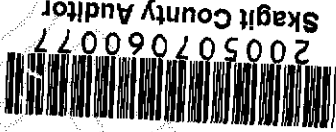


Claim of Lien

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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: 10-1-05
Notary Public in and for the State of WA

Print Name: Judy Zaccaro
Judy Zaccaro

Signed and sworn to before me on this July 6, 2005 day of

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.

STATE OF WASHINGTON
County of Skagit
SS. Margaret Gilmore

Claimant: M. Gilmore
Print or Type Name: RIVERBLADE COMMUNITY CLUB
Address: P.O. Box 202, Concrete, WA 98237
Telephone Number: 360-853-8897

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 165.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES