



200507180205  
Skagit County Auditor

7/18/2005 Page 1 of 2 4:23PM

Return Address:

Debbie Moretti  
Mount Vernon Carpet Center  
PO Box 1166, Mount Vernon WA 98273

### 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>Randall Boe</u>	(2) <u>Monique Boe</u>	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Mount Vernon Carpet Center LLC</u>		Add'l. on pg _____
Legal Description (abbreviated): <u>Bayhill Village Div II lot 21</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P 104434 4618-000-021-000</u>		

Mount Vernon Carpet Center LLC  
Claimant  
vs.  
Randall Boe  
Monique Boe  
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: Mount Vernon Carpet Center - Debbie Moretti  
TELEPHONE NUMBER: 360-376-6533 ADDRESS: PO Box 1166 (400 W Fir)  
Mount Vernon, WA 98273
- 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: 4-20-05
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Randall Boe, Monique Boe
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 21, Plat of Bay Hill Village Div II and portion of Govt lot 3, Section 2, township 34 N, 12251 Bayhill Dr. Burlington WA 98233
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Randall Boe  
TELEPHONE NUMBER: 360-787-5971 ADDRESS: 12251 Bayhill Dr  
Burlington, WA 98233
- 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: 4-20-05





Claim of Lien

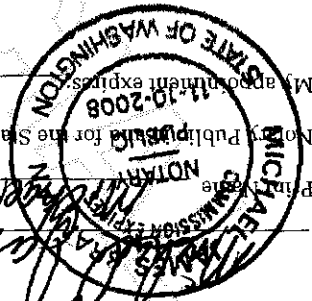
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Notary Public for the State of Washington  
My appointment expires: 11-10-2008  
MICHAEL JAMES BRANNAN  
Notary Public  
Signature: *Michael James Brannan*  
Date: *11/10/2008*

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

under penalty of perjury. 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

STATE OF WASHINGTON }  
County of Skagit }  
SS. Debbie Moreth

Claimant: Debbie Moreth  
Print or Type Name: Debbie Moreth  
Address: 10 Box 1166, Mount Vernon WA  
Telephone Number: 360-336-6533  
98213

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 643.03  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_