



200508020086

Skagit County Auditor

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Return Address:

BAY Point Plumbing & Heating
 4335 ALDEN RD
 Bellingham, WA 98226

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 35.18 and RCW 35.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) RICHARD G WAGNER JR TRUST (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) BAY POINT PLUMBING & HEATING (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SHEA'S TO HAMILTON LOTS 4 5 & 6 Block 2 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P73917 4121-002-006-0014

BAY Point Plumbing, & Heating
 Claimant
 SANDRA COOK
 vs.
 RICHARD G. WAGNER TRUST
 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: BAY Point Plumbing, & Heating.
 TELEPHONE NUMBER: 360 734 0770 ADDRESS: 4335 ALDEN RD.
 Bellingham, WA 98226
- 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: July 21, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: SANDRA COOK / RICHARD G. WAGNER TRUST
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
 970 D KITTIT STREET, HAMILTON, WA 98255
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): RICHARD G. WAGNER JR TRUST
 TELEPHONE NUMBER: 360 826-3187 ADDRESS: PO BOX 54, HAMILTON, WA 98255
- 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: July 22, 2005



Claim of Lien

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 4797.77
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE X

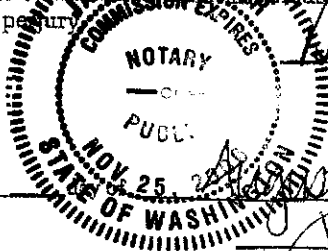
X D. Schumme
Claimant
Dennis Schwarze, President/Owner
Print or Type Name
4335 ALDRICH RD
Address
Bellingham WA 98226
360-734-0770
Telephone Number

STATE OF WASHINGTON

County of Skagit } ss.
Dennis Schwarze

Dennis Schwarze, 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 and know the contents thereof, and believe the same to be true and correct and that the claim is justly due and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Date this 2nd



Print Name Jane W. Fraser

Notary Public in and for the State of WA

My appointment expires: 11-25-2006

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.



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