



200508050103

Skagit County Auditor

8/5/2005 Page

1 of

2 1:03PM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 148  
MARYSVILLE, WA. 98270

**CLAIM OF LIEN**

FIDELITY WOODWORKING

Claimant.

VS

JIM & PENNY DARR

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: FIDELITY WOODWORKING  
TELEPHONE NUMBER: (360) 661-4734  
ADDRESS: P.O. BOX 540, SEDRO WOOLLEY, WA. 98284
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: FEBRUARY 16, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JIM & PENNY DARR, 1131 142ND PL SE, MILL CREEK, WA. 98012
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 17124 LAKEVIEW BLVD, MOUNT VERNON, WA.  
LEGAL DESCRIPTION: THE NORTH 21.5 FEET OF TRACT 45 AND THE SOUTH 40 FEET OF TRACT 47 MEASURED AT RIGHT ANGLES WITH THE EAST LINE OF TRACT 46, LAKEVIEW TRACTS TO BIG LAKE, RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P67114
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
PENNY DARR, 1131 142ND PL SE, MILL CREEK, WA. 98012
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: MAY 12, 2005
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$13,892.42, PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR, PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

For, FIDELITY WOODWORKING, Claimant

P.O. BOX 540

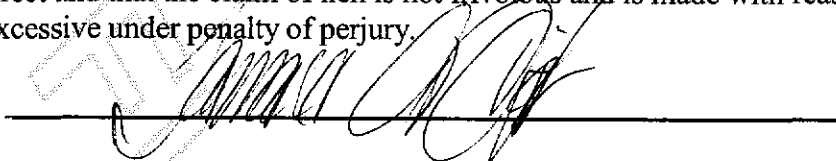
SEDRO WOOLLEY, WA. 98284

(360) 661-4734

(Phone Number, Address, City/State of Claimant)

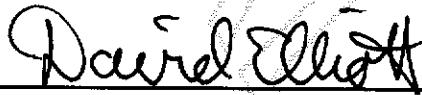
STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

TAMARA A. OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

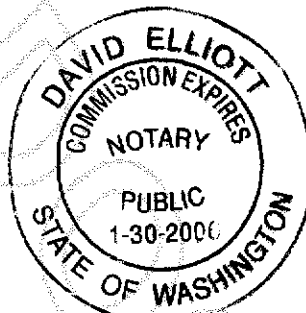


On this day personally appeared before me, TAMARA A. OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 2 day of August, 2005



PRINTED NAME: DAVID ELLIOTT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: EVERETT  
My commission expires: 1/30/2006



Order #05-072772, dated: 7/29/2005



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