



200509150134

Skagit County Auditor

9/15/2005 Page

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2 11:59AM

Return Address:

Dahlman Pump & Well Drilling, Inc.PO Box 422Burlington WA 98233**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>Stan Brown</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Dahlman Pump & Well Drilling</u>		Add'l. on pg _____
Legal Description (abbreviated): <u>SE 1/4 S22 T33 R5</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel / Account # <u>330522-4-002-0000 P18212</u>		

Dahlman Pump & Well Drilling, Inc.
Claimant
vs.
Stan Brown
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:

1. NAME OF LIEN CLAIMANT: Dahlman Pump & Well Drilling, Inc.
TELEPHONE NUMBER: 360 757-6666 ADDRESS: P.O. Box 422
Burlington WA 98233
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: June 13, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Stan Brown
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 21683 Peter Burns
RD, Mt Vernon SE 1/4 S22 T33 R5E
P18212
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Mildred Weis
TELEPHONE NUMBER: _____ ADDRESS: 21683 Peter Burns Road
Mt Vernon WA 98274
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: June 13, 2005



Claim of Lien

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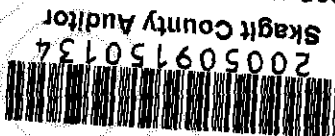


Claim of Lien

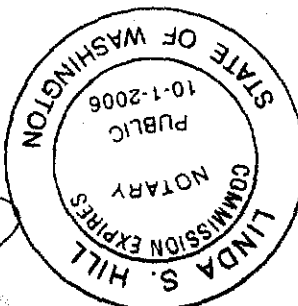
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Print Name Linda S. Hill
Notary Public in and for the State of Washington
My appointment expires: 10-1-06

Signed and sworn to before me on this 9th day of September, 2005

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.

Bruce M. Fisher

County of Skagit SS.

STATE OF WASHINGTON

Claimant Bruce M. Fisher
Print or Type Name RD. Box 422
Address Burlington WA 98233
Telephone Number 360 757-1606

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2289.34