200509150134
Skagit County Auditor
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Return Address:
Dahlman Pump & Well DRilling, Inc.
PO Box 422
Burlington 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) Stan Brown (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) Dahlman Pump & Well Drilling Add'l. on pg ___

Legal Description (abbreviated): SE¼ S22 T33 R5 Add'l. legal is on page ___

Assessor's Property Tax Parcel / Account # 330522-4-002-0000 P18212

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: 360 757-0000 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 SE¼ S22 T33 R5E P18212

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Mildred Wells
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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 2289.36

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

Bruce M Fowler
Claimant
Dahlman Pump & Well Drilling Inc
Print or Type Name
P.O. Box 422
Address
Burlington WA 98233
360 757-10666
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Bruce M. Fowler, 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.

Signed and sworn to before me on this 14th day of September, 2005.

LINDA S. HILL
NOTARY PUBLIC
COMMISSION EXPIRES
10-1-2006
STATE OF WASHINGTON

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

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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