



200601040090

Skagit County Auditor

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Return Address:

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>Jerry Fall</u>	(2) _____	Add'l. on pg. _____
Grantee(s) (Claimants): (1) <u>Tenderholt Chiropractic</u>		Add'l. on pg. _____
Legal Description (abbreviated): <u>North Park to Clear Lake Lot 10 B1X3</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel / Account # <u>P 74973</u>		

Tenderholt Chiropractic } Claimant
 vs.
Jerry Fall }
 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: Dr Dorothy L Tenderholt (Tenderholt Chiropractic)
 TELEPHONE NUMBER: (360) 856-5354 ADDRESS: P.O. Box 365 Clear Lake WA 98235
- 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: 7-28-03
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Jerry Fall
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
23691 School Drive Clear Lake WA 98235
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Jerry Fall
 TELEPHONE NUMBER: _____ ADDRESS: 23691 School Dr Clear Lake WA 98235
- 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: 11-20-03



Claim of Lien

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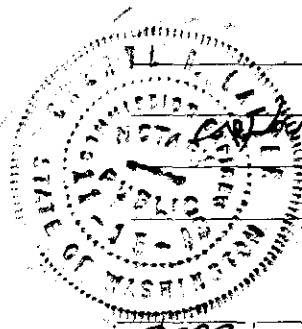
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Print Name: George D. Langer
Notary Public in and for the State of Washington
My appointment expires: 11-15-2008

Signed and sworn to before me on this 4 day of January, 2006
Dorothy L. Tenderholt
Dorothy L. Tenderholt, DC, MS

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.

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant Dorothy L. Tenderholt
Print or Type Name Dorothy L. Tenderholt
Address PO Box 365 Clearlake WA 98735
Telephone Number 360856-5354

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 999 33
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____