200601040090
Skagit County Auditor
1/4/2006 Page 1 of 2 1:41PM

Return Address:

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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) Jerry Fall (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) Tenderholt Chiropractic Add'l. on pg ___

Legal Description (abbreviated): North Park To Clear Lake Lot 10 Blk 3 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P74973

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:

1. NAME OF LIEN CLAIMANT: Dr Dorothy L Tenderholt (Tenderholt Chiropractic)
TELEPHONE NUMBER (360) 856-5354 ADDRESS: PO Box 365 Clear Lake WA 98235

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: 7-28-03

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jerry Fall

4. 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

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Jerry Fall
TELEPHONE NUMBER: _____ ADDRESS: 23691 School Dr Clear Lake WA 98235

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: 11-20-03

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 : _____

Dorothy L Tenderholt, DC, ND
Claimant

Dorothy L Tenderholt
Print or Type Name

PO Box 365 Clearlake WA 98235
Address

360856-5354
Telephone Number

STATE OF WASHINGTON }
County of Skagit } SS.

Dorothy L. Tenderholt, 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.

Dorothy L Tenderholt, DC, ND

Signed and sworn to before me on this 4 day of January, 2006.

Cheryl D. Lanier

Print Name Cheryl D. Lanier

Notary Public in and for the State of Washington

My appointment expires: 11-15-2008

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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1/4/2006 Page 2 of 2 1:41PM