200606300076
Skagit County Auditor
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Return Address:
Island Building
P.O. Box 843
Anacortes, Wash 98221

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) _____ (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___
Legal Description (abbreviated): _____ Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # _____

Island Building (Steve Moen owner)
Claimant

vs.

Earl Dorman Cooley and Vickie Lynn Cooley, trustees or their successors in trust, under the Cooley Family Living Trust dated December 18 1998.
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: Island Building
TELEPHONE NUMBER: (360) 661-3318 ADDRESS: P.O. Box 843 Anacortes Wash 98221

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: 4-27-05

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Cooley Family Living Trust

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 3702 Big Point Rd, Anacortes Wash. Marine View Lot 2 - P82548

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Cooley Family Trust
TELEPHONE NUMBER: (360) 391-4840 ADDRESS: 1004 Commercial Ave Ste V 266 Anacortes, Wash 98221

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: 6-8-06

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 9,312.81 + 2% per month and Fees

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

Island Building (Steve Moen Owner)
Claimant

_____
Print or Type Name

_____
Address P.O. Box 843 Anacortes WA 98221

(360) - 661-3318
Telephone Number

STATE OF WASHINGTON }
} ss.
County of SKAGIT }

Steve Moen, 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 30th day of June, 2006.

SHEILA A STAFFORD
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
SEPT. 16, 2009

Print Name Sheila A. Stafford

Notary Public in and for the State of Washington

My appointment expires: Sept. 16, 2009

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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