



200606300076

Skagit County Auditor

6/30/2006 Page

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2 11:11AM

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
 Name of person indebted to Claimant
their successors in trust, under the Cooley Family Living Trust
Dated December 18 1998.

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: Island Building
 TELEPHONE NUMBER: (800) 661-3318 ADDRESS: P.O. Box 843 ANACORTES
WASH 98221
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Cooley Family Living Trust
- 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
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Cooley Family Trust
 TELEPHONE NUMBER: (360) 391-4840 ADDRESS: 1004 Commercial Ave TNU 266
Anacortes, Wash 98221
- 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



Claim of Lien
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 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.wlbfirms.com

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: _____

Claimant Island Building (Steve Moen Curran)

Print or Type Name _____

Address P.O. Box 843 Blytheville 67514

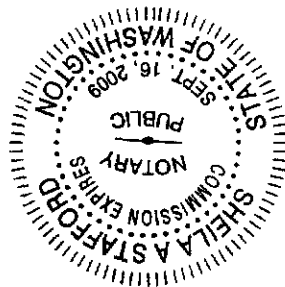
Telephone Number (360) - 661-3318 98221

STATE OF WASHINGTON
County of SKagit
SS. }

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

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.

Claim of Lien
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