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Skagit County Auditor

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Skagit County Auditor~~

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Return Address:

KELLY A. HARTZ
22209 SR 534
MT. VERNON, WA 98274

CLAIM OF LIEN

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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) Dwayne Mathieu SR. Add'l. on pg _____

Grantee(s) (Claimants): (1) Kelly A. Hartz (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 25-36-4 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 300425-1-012-0201

KELLY A. HARTZ
Claimant
DWAYNE A. MATHIEU, SR. vs.
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: KELLY A. HARTZ
TELEPHONE NUMBER: 360 491-1800 ADDRESS: 22209 SR 534
MT. VERNON, WA 98274
- 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: OCTOBER 30th, 2004
- NAME OF PERSON INDEBTED TO THE CLAIMANT: DWAYNE A. MATHIEU, SR.
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4219 BLANK RD SEASO-WOLLEY, WA 98284
LOT 3 S/P H93-63 REC A/P 931229 0015 BEING PTN
NW 1/4 NE 1/4 SEC 25
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): DWAYNE A. MATHIEU
TELEPHONE NUMBER: UNKNOWN ADDRESS: UNKNOWN
- 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: 12/31/05



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 51,441.80
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

Kelly A. Hartz
 Claimant KELLY A. HARTZ
 Print or Type Name 22209 SR 534
 Address MT. VERNON, WA 98271
360-475-3800
 Telephone Number

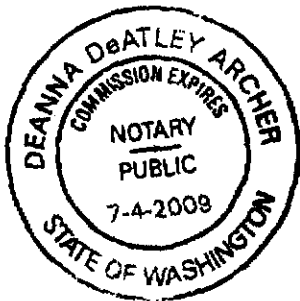
STATE OF WASHINGTON

County of SKAGIT } SS.

KELLY A. HARTZ, 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.

Kelly A. Hartz

Signed and sworn to before me on this 4th day of JANUARY 2006.



Deanna DeAtley Archer
 Print Name Deanna DeAtley Archer
 Notary Public in and for the State of WASHINGTON
 My appointment expires: 7-4-2009

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.



Claims of Lien
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www.walegalblank.com



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 Skagit County Auditor

UNOFFICIAL DOCUMENT



STATE OF WASHINGTON } ss
COUNTY OF SKAGIT

I, Auditor of Skagit County, State of Washington, do hereby
certify that the foregoing instrument is a true and correct copy
of the original now on file in my office.

IN WITNESS WHEREOF, I hereunto set my hand and seal of

my office this _____ day of _____

September 2006
James Zuala
Auditor Deputy



200609010075

Skagit County Auditor