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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) Beverick (2) ____ Add'l. on pg ____

Grantee(s) (Claimants): (1) MOTOR TRUCKS Inc (2) ____ Add'l. on pg ____

Legal Description (abbreviated): 04-02-34-04 Add'l. legal is on page ____

Assessor's Property Tax Parcel /Account # P 23425

MOTOR TRUCKS Inc
Claimant
vs.
Mike Beverick
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: MOTOR TRUCKS Inc
TELEPHONE NUMBER: 360-428-6030 ADDRESS: 2501 HENSON RD
Mount Vernon, WA 98273

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: 10-3-05 NSF CHECK

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Mike Beverick

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
04-02-34-04
P 23425

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ____
TELEPHONE NUMBER: ____ ADDRESS: ____

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: 8-12-05

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1898.36

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

MOTOR TRUCKS Pty

Claimant Tim DACRES

Print or Type Name

Address 2501 HENSON RD. MOUNT VERNON, WA 98273

360-428-6030

Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Tim Dacres, 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 1 day of December, 2006

STATE OF WASHINGTON
ALISON S. HICKOK-EGGER
NOTARY PUBLIC
5-18-2010
COMMISSION EXPIRES

Alison Hickok-Egger

Print Name Alison Hickok-Egger

Notary Public in and for the State of WA

My appointment expires: 5-18-2010

**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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