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AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP. P. O. BOX 148 MARYSVILLE, WA 98270

## **CLAIM OF LIEN**

BRUCE SMITH HEATING & COOLING.

INC.

Claimant.

VS

MANORWOOD CONSTRUCTION

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: BRUCE SMITH HEATING & COOLING, INC. TELEPHONE NUMBER: (425) 742-1404 ADDRESS: 16628 44TH AVE W, LYNNWOOD, WA. 98037
- 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: MARCH 21, 2007
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MANORWOOD CONSTRUCTION, P.O. BOX 25610, SEATTLE, WA. 98165-1110
  - 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: 33815 S. SHORE DR, MT. VERNON, WA.

LEGAL DESCRIPTION: THE WEST HALF OF LOT 116, AND ALL OF LOT 117, BLOCK 1, AND THE WEST HALF OF LOT 77, AND ALL OF LOT 78, BLOCK 3, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2, SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200509300011, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P66595

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): DOUGLAS R. & CAPREE K. HANSON, P.O. BOX 25069, SEATTLE, WA. 98165
- 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: APRIL 22, 2007
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$12,434.73 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

8. IF THE CLAIMANT/IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

For, BRUCE SMITH HEATING & COOLING, INC., Claimant

16628 44TH AVE W

LYNNWOOD, WA. 98037

(425) 742-1404

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON ) ss COUNTY OF SNOHOMISH )

CHRIS MCCRARY, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, CHRIS MCCRARY, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 6 day of June, 2007

PRINTED NAME: DAVID ELLIOTT

**NOTARY PUBLIC** 

in and for the State of Washington.

Residing in: EVERETT

My commission expires: 1/30/2010

Order #07-053175, dated: 5/31/2007

200706080169 Skagit County Auditor

NOTARY PUBLIC 1-30-2010

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