RETÜRN TO:			
ACCESS DEVELOPMENT	I BARLI DEN 1841 BARLI DEN 1845 EN DE KELLERU TODA AND TARLITA SAN		
P. O. BOX 954	200706220117 Skagit County Auditor		
MT. VERNON, WA 98273	Skagit County Auditor 6/22/2007 Page 1 of 2 2:43PM		
ACCESS DEVELOPMENT Claimant			
VS.			
	CLAIM OF LIEN		
SARAH ADERSON & KIM KIRSCHMAN			
Name of person indebted to cla	imant:		
Notice is hereby given that the to chapter 60.04 RCW. In suppose submitted.	person named below claims a lien pursuant ort of this lien, the following information is		
Name of Lien: ACCESS DEVELOPMENT	Name of Owner: JAMES F. KIRSCHMAN		
1. Claimant: P. O. BOX 954 5	Or: LINDA K. KIRSCHMAN 5. Reputed Owner: 15943 GUNDERSON RIDGE LN		
Address: MT. VERNON, WA 98273	Address: MT. VERNON, WA 98273		
Telephone: (360) 422-8800	Certified No.: 7001 2510 0000 6649 7046		

- 2. Date of which the claimant began to perform labor, provide professional services, supply equipment or the date of which employee benefit contributions became due: ___APRIL 11, 2007
- 3. Name of person indebted to the claimant: SARAH ADERSON & KIM KIRSCHMAN
- 4. Description of the property against which a lien is claimed:

PORTION OF LOT 1 EAST OF ROAD ALSO KNOWN AS TRACT 3, GUNDERSON MEADOW SURVEY #8302090038 LESS RT 0-003-01 OPEN SPACE #54 #751841 1973, IN SECTION 30, TOWNSHIP 34 NORTH, RANGE 05 EAST W. M., ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P30443 (340530-0-003-0006)

COMMONLY KNOWN AS: 15943 GUNDERSON RIDGE LANE

MT. VERNON, WA 98273

APR	IL 12, 200	7			
7. Princip \$175.00 LI	al amount EN FEE =	for which th \$5,121.91	ne lien is claim is	: <u>\$4,946.91</u>	+1 1/2 INTEREST +
8. If the cl	aimant is	the assigned	e of this claim so	state here: _	NONE
JOY A AGENT FO claimant o an employ read and k and that th	G. TANSEY OR CLAIM or administee benefit frow the claim of	ANT) being s rator, repres plan) above ontents ther lien is not f	sentative, or <u>ager</u> e named; I have r reof: and believe	ISTRUCTION If the claimant of the claim ead or heard the same to be nade with reas	CREDIT CORP., t (or attorney of the nant or trustees of the foregoing claim, be true and correct sonable cause, and
			JOY A. JAI		DENT, AGENT FOR
			P. O. BOX	ON, WA 9827:	
Subscribe	d and swo	rn to before	me this <u>19TH</u>	_ day of <u>Ji</u> WWW.C	JNE , 20 <u>07</u> .
Notary Pul	olic in and	for the State	e of Washington,	residing at:	SEATTLE
•			•	_	



2 2:43PM