



200710260120
Skagit County Auditor

10/26/2007 Page 1 of 3 2:00PM

Document Title: *Claim of Lien*

Reference Number:

Grantor(s): additional grantor names on page ___

1. *Cynthia O. Galvan*

2.

Grantee(s): additional grantee names on page ___

1. *Burton Care Center*

2.

Abbreviated legal description: full legal on page(s) ___

Kingsgate Divd, Lot 29 (DK 12)

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P81055

Claim of Lien

State of Washington

County of Skagit

Before me, the undersigned Notary Public, personally appeared Sandra Reuble
who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) whose address is 1036 E. Victoria Ave., Burlington, WA 98233

and that in accordance with a contract with Eagle Healthcare, Inc., d.b.a. Burton Care Center
lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately) Skilled Nursing Care from 9/07 - 11/07

on the following described real property in Skagit County,
State of Washington :

(Describe real property sufficiently for identification, including street and number: _____
KINGSGATE DIV 2, LOT 29 (DK 12)
PARCEL NUMBER: P81055
807 QUINNAT DRIVE, BURLINGTON, WA 98233

owned
by CYNTHIA O. GALVAN of a
total value of four thousand five hundred forty-eight & 15/100 Dollars (\$ 4,548.15)
of which there remains unpaid four thousand five hundred forty-eight & 15/100 Dollars (\$ 4,548.15),
and furnished the first of the items on September 1, 2007 and the last of the
items on November 30, 2007 and (if the lien is claimed by one
not in privity with the owner) that the lienor served his notice to owner on October 25,
2007 by Certified Mail

(Method of Service)

And, (if required) that the lienor served copies of the notice on the contract on _____,
20____, by _____, and on the subcontractor

(Method of Service)

on 20____, by _____, and (if known) on the
lender _____, on _____, by _____

(Method of Service)



Signed this 25th day of October, 2007

Lienor: Eagle Healthcare Inc., d.b.a. Burton Care Center

By: *Sandra S. Reuble*
Officer or Agent

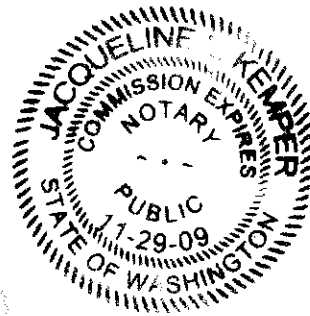
State of Washington
County of Skagit }

On October 25, 2007 before me, Jacqueline Kemper,
appeared Sandra Reuble

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Jacqueline L. Kemper*
Signature of Notary



Affiant Known Produced ID

Type of ID WA Driver's License
(Seal)



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