



200801160048

Skagit County Auditor

1/16/2008 Page

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2 12:32PM

After recording, return to (Name, Address, Zip):

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): BND CONSTRUCTION - BILL BROWN
Grantee (Claimant): MECHANICAL SYSTEMS NW, INC.
Abbreviated Legal Description: LOT 4 SP PLO6-0018 1-36-3
Assessor's Property Tax Parcel or Account No: P125870
Reference No(s) of Related Documents: _____

MECHANICAL SYSTEMS NW, INC.
JESSE L. SIMENSON

Claimant,

vs.
BND CONSTRUCTION -
BILL & DANNI BROWN

Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: MECHANICAL SYSTEMS NW, INC
Telephone Number: 360-319-0093 Address: 3623 RUSLEY CT.
BELLINGHAM, WA 98225
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: OCT 12, 2007
3. Name of person indebted to the Claimant: BND CONST. BILL & DANNI BROWN
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 557 LOHINK, SKAGIT Co.
5. Name of the owner or reputed owner (If not known state "unknown"): BND CONSTRUCTION
BILL & DANNI BROWN
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: NOV 10, 2007

(OVER)



Form No. 90 - Claim of Lien

ES

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7. Principal amount for which the lien is claimed is: \$6,363.24

8. If the Claimant is the assignee of this claim so state here: YES

MECHANICAL SYSTEMS NW, INC.
CLAIMANT
JESSE L. SIMENSON
CLAIMANT'S NAME (TYPED OR PRINTED)
3623 RUSSET CT
STREET ADDRESS
B'HAM WVA 26205 360-319-1093
CITY STATE ZIP PHONE

STATE OF WASHINGTON,
County of SKAGIT } ss.

JESSE SIMENSON

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 January 16 2008
Notary Public for Washington
My appointment expires 10-1-09

