

UNOFFICIAL



200804040079
Skagit County Auditor

4/4/2008 Page 1 of 2 2:41PM

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): MICHAEL & KIMBERLY TVETER

Grantee (Claimant): MONTALCO CABINETS

Abbreviated Legal Description: 25-35-01

Assessor's Property Tax Parcel or Account No: P# 123999

Reference No(s) of Related Documents: _____

MONTALCO CABINETS / CALVIN
ESTRATE

Claimant,

vs.

MICHAEL & KIMBERLY
TVETER

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: MONTALCO CABINETS / CALVIN ESTRATE
Telephone Number: (604) 273-5105 Address: 2700 SIMPSON RD,
C.O. #125 RICHMOND, B.C. V6X 2P9
CALVIN (360) 421-4432

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: _____

3. Name of person indebted to the Claimant: ~~_____~~
MICHAEL & KIMBERLY TVETER

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): ~~_____~~
1917 ORCHARD PL,
ANACORTES, WA, 98221 P12399

5. Name of the owner or reputed owner (If not known state "unknown"): MICHAEL AND
KIMBERLY TVETER

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: 4-4-08

(OVER)



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7. Principal amount for which the lien is claimed is: 7,075.08

8. If the Claimant is the assignee of this claim so state here: CALVIN ESTATE / MONTALCO SALES

[Signature]
CLAIMANT

CALVIN H. ESTATE
CLAIMANT'S NAME (TYPED OR PRINTED)

20985 HERMWAY HETS. DR.
STREET ADDRESS

MOUNT VERNON WA. 98274(360) 445-
CITY STATE ZIP PHONE

3394

STATE OF WASHINGTON,
County of SKAGIT } ss.
Calvin H. Estate

, 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.

[Signature]

SIGNED AND SWORN TO before me on April, 4, 2008

Shannon Nootenboom
Notary Public for Washington
My appointment expires 08/20/2010



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