



200804110087

Skagit County Auditor

4/11/2008 Page

1 of

2 1:54PM

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): DAVID G. KNUDSON
 Grantee (Claimant): KARI L. KNUDSON
 Abbreviated Legal Description: BEALES MAPLE GROVE TO ANA. LTS. 1 TO 4 BLK 11
 Assessor's Property Tax Parcel or Account No: P516638
 Reference No(s) of Related Documents: _____

KARI L. KNUDSON

Claimant,

vs.

DAVID G. KNUDSON

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: KARI L. KNUDSON
 Telephone Number: 206-661-3887 Address: 11601 HAVERST RD.
ANACORTES, WA. 98221
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 2006
3. Name of person indebted to the Claimant: DAVID G. KNUDSON
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 805 35TH ST. ANACORTES
WA. 98221
5. Name of the owner or reputed owner (If not known state "unknown"): DAVID G. KNUDSON
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: CURRENT

(OVER)

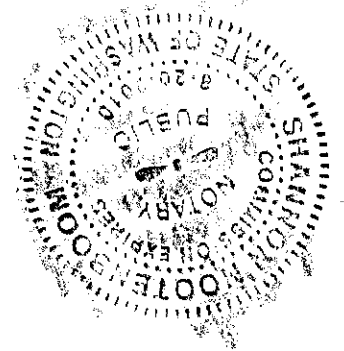


Form No. 90 - Claim of Lien

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

SIGNED AND SWORN TO before me on

April 11, 2008

claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Kari Knudson

County of Skagit

STATE OF WASHINGTON,

CLAIMANT
Kari L. Knudson
CLAIMANT'S NAME (TYPED OR PRINTED)
11081 Haverkost RD
STREET ADDRESS
Phacover, WA. 98221
CITY STATE ZIP
6061-7887
PHONE

7. Principal amount for which the lien is claimed is: \$26,701.66 as of 3/15/08
8. If the Claimant is the assignee of this claim so state here: Kari L. Knudson