



200804290001

Skagit County Auditor

4/29/2008 Page

1 of

2 9:19AM

Return Address:

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) GARLAND APPELGARTH Add'l. on pg _____Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY CLUB (2) CLUB Add'l. on pg _____Legal Description (abbreviated): PLAT 98. EVERETT'S FERTILE ACRES Add'l. legal is on page _____Assessor's Property Tax Parcel /Account # P65218 PLAT VELY - SKAGIT CORIVERLANE COMMUNITY CLUB
Claimant

vs.

GARLAND APPELGARTH
Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW.
In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: RIVERLANE COMMUNITY CLUB
TELEPHONE NUMBER: 860 853 9897 ADDRESS: P.O. BOX 356 - CONCRETE
WA. 98237
- 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: _____
- NAME OF PERSON INDEBTED TO THE CLAIMANT: GARLAND APPELGARTH
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44251 DALLIES RD. CONCRETE - WA 98237
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): GARLAND APPELGARTH
TELEPHONE NUMBER: _____ ADDRESS: _____
- THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: ANNUAL DUES - JAN. 1 - 2008 - 150.00
SPECIAL ASSESSMENT - AUG. 1. 2007 - 100.00
COSTS RE FILING - 86.00



Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

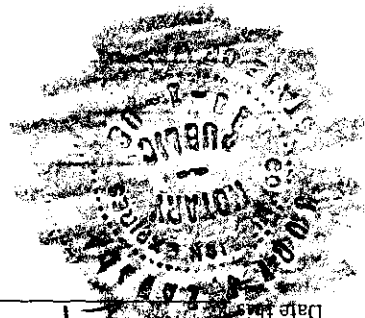
TOTAL - 336.00

Skagit County Auditor

200804290001



NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE



My appointment expires: 10-1-09

Notary Public in and for the State of WA

Print Name: Judy Zayala

Date: April 29, 2008 day 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.

County of M. Mohr's
STATE OF WASHINGTON
ss.

Claimant: M. Mohr's - For
RIVER LAKE Community Club
Print or Type Name: P.O. Box 202
Address: CONCRETE - WA 98237
Telephone Number: 360-853-8897

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 465
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES