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Skagit County Auditor
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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 APPLEGARTH Add'l. on pg ___

Grantee(s) (Claimants): (1) RIVERLANE COMMUNITY (2) CLUB Add'l. on pg ___

Legal Description (abbreviated): PCL/LOT 9B. EVERETTS FERTILE ACRES Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P65218 PLAT VOL 7 - SKAGIT CO

RIVERLANE COMMUNITY CLUB
Claimant

vs.

GARLAND APPLEGARTH
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:

1. NAME OF LIEN CLAIMANT: RIVERLANE COMMUNITY CLUB
TELEPHONE NUMBER: 360 853-8897 ADDRESS: P.O BOX 362 - CONCRETE WA. 98237

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: GARLAND APPLEGARTH

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
44251 DALLES RD. CONCRETE - WA. 98237

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): GARLAND APPLEGARTH
TELEPHONE NUMBER: _____ ADDRESS: _____

6. 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
CUTTS RE FILING - 86.00
TOTAL - 336.00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: _____

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : YES

M. MORRIS - FOR
Claimant
RIVERLANE COMMUNITY CLUB
Print or Type Name
P.O. BOX 202
Address
CONCRETE - WA. 98237
360-853-8897
Telephone Number

STATE OF WASHINGTON }
} SS.
County of M. MORRIS }

_____, 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.

M. Morris

Date this 29 day of APRIL 2008

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-09

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 BF

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