



200805060086
Skagit County Auditor

5/6/2008 Page 1 of 2 3:40PM

Return Address:

Morgan Bartlett

5902 268NW

Stanwood, Wn. 98292

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) <u>Daryll Huff</u>	(2)	Add'l. on pg
Grantee(s) (Claimant): (1) <u>Morgan Bartlett</u>	(2)	Add'l. on pg
Legal Description (abbreviated): <u>Lots 25 & 26 Skagit River Colony</u>		Add'l. legal is on page
Assessor's Property Tax Parcel/Account #: <u>Parcels P69477 and P69478</u>		

Morgan Bartlett

Claimant

Daryll Huff

vs.

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: Morgan Bartlett
TELEPHONE NUMBER: 360 629-7319 ADDRESS: 5902 268NW Stanwood,
Wash. 98292
- 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: Sept 20 2007
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Daryll Huff
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
Lots 25 and 26 Skagit River Colony, Skagit County
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daryll Huff
TELEPHONE NUMBER: 20912 Danson Rd
Lynnwood, Wn. 98036
- 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: March 1, 2008



Claims of Lien
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www.wlbfirms.com

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2380.00

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

Claimant

Morgan Bartlett
Morgan Bartlett

Print or Type Name

Morgan Bartlett

Address

5902 268NW Stanwood Wn.
98292

Telephone Number

360 629-7319 cell 360 303 2999

STATE OF WASHINGTON

Snohomish

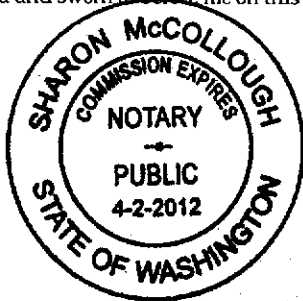
ss.

County of _____

Morgan Bartlett

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 this 6TH day of MAY 2008



Print Name

Sharon McCollough
SHARON McCollough

Notary Public in and for the State of

WASHINGTON

My appointment expires

4-2-2012

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 PROVIDED BY LAW.



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5/6/2008 Page

2 of

2 3:40PM