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AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP. P. O. BOX 148 MARYSVILLE, WA 98270

## **CLAIM OF LIEN**

MARYSVILLE DRYWALL, INC.

Claimant.

VS

NELSON FINE HOMES

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: MARYSVILLE DRYWALL, INC. TELEPHONE NUMBER: (360) 653-1135
  ADDRESS: 3631 100TH PL. N.E., MARYSVILLE, WA. 98271
- 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 20, 2008
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: NELSON FINE HOMES, P.O. BOX 550, LACONNER, WA. 98257
  - 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: 3803 BIZ POINT RD, ANACORTES, WA.

LEGAL DESCRIPTION: THE NORTHEASTERLY HALF OF LOT 4, AND ALL OF LOT 5, RANCHO SAN JUAN DEL MAR SUB-DIVISION 6 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE NORTHWEST LINE OF 312 POINT ROAD, SAID POINT BEING EQUAL DISTANCE BETWEEN LOT 3 AND LOT 5; THENCE NORTHWEST ON A LINE EQUAL DISTANCE BETWEEN LOTS 3 AND 5 TO THE OUTER BOUNDARY OF LOT 4, SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200704130192. RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P68369

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): KARIN WEBSTER, 1700 HOWELL PL, SEATTLE, WA. 98122 / JIM & KARIN WEBSTER, 3803 BIZ POINT RD, ANACORTES, WA. 98221
- 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: APRIL 3, 2008
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,559.65 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

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

N/A.

For, MARYSVILLE DRYWALL, INC., Claimant

3631 100TH PL. N.E.

MARYSVILLE, WA. 98271

(360) 653-1135

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON	)
	) ss
COUNTY OF SNOHOMISH	)

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before methis 13 day of June 200

PRINTED NAME: TAMARA A QUE

**NOTARY PUBLIC** 

in and for the State of Washington.

Residing in: ARLINGTON

My commission expires: 12/9/2009

Order #08-060537, dated: 6/6/2008

200806160159 Skagit County Auditor

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