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Skagit County Auditor

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RETURN TO:

JOHN W. HICKS  
SCHACHT & HICKS, INC., P.S.  
PO BOX 1165  
MOUNT VERNON WA 98273

DOCUMENT TITLE: Claim of Lien

REFERENCE NUMBER OF RELATED DOCUMENT: 432

GRANTOR: THE OLAV EDVARDBSEN TRUST, OLAV EDVARDBSEN and JOHN CAVEN -  
Co-Trustees

GRANTEE: COLLEGE WAY VILLAGE ASSOCIATION, A Washington non-profit  
corporation

ABBREVIATED LEGAL DESCRIPTION:

ASSESSOR'S TAX PARCEL NUMBER: P80409, P80410, P80411, P80413,  
P80414

CLAIM OF LIEN

COLLEGE WAY VILLAGE ASSOCIATION,	)
	)
Claimant,	)
	)
vs.	)
	)
THE OLAV EDVARDBSEN TRUST, OLAV	)
EDVARDBSEN and JOHN CAVEN	)
Co-Trustees,	)
	)
Owner.	)

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: COLLEGE WAY VILLAGE ASSOCIATION  
TELEPHONE NUMBER: (360)424-1817  
ADDRESS: P.O. Box 1323  
Mount Vernon WA 98273-1323
- 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: First day of work: January 1, 1984.
- 3) Name of person indebted to the Claimant: THE OLAV EDVARDBSEN TRUST, OLAV EDVARDBSEN and JOHN CAVEN - Co-Trustees.
- 4) Description of the property against which a lien is claimed: Parker Business Center Lt 85 and 86, Washington, 98273, legally described as follows:  
  
LOTS 50, 51 52, 54 and 55, "PARKER BUSINESS CENTER", AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGES 91 THROUGH 96, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, TOGETHER WITH THE NORTH ½ OF WILLIAM WAY, AS DELINEATED ON THE FACE OF SAID PLAT.
- 5) Name of the owner or reputed owner: THE OLAV EDVARDBSEN TRUST, OLAV EDVARDBSEN and JOHN CAVEN Co-Trustees.
- 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: Date labor was last performed was February 20, 2008.
- 7) Principal amount for which the lien is claimed is \$16,570.00.



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8) If the Claimant is the assignee of this claim so state here: not applicable.

COLLEGE WAY VILLAGE ASSOCIATION, Claimant

By: Alan R. Williams

Printed Name: ALAN R. WILLIAMS

Title: President

Address: P. O. Box 1323

Mount Vernon WA 98273

Tele #: (360)424-1817

STATE OF WASHINGTON )

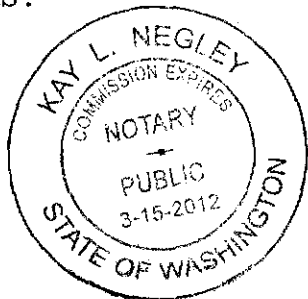
) ss.

COUNTY OF SKAGIT )

I, ALAN R. WILLIAMS, being first duly sworn on oath deposes and says:

I am a Board Member of COLLEGE WAY VILLAGE ASSOCIATION, the Claimant 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.

SUBSCRIBED AND SWORN to on August 29, 2008, by ALAN R. WILLIAMS.



Kay L. Negley  
Printed name: KAY L. NEGLEY  
Notary Public in and for the State of Washington, residing at: Mount Vernon  
My appointment expires: 3/15/2008



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