



200904140034

Skagit County Auditor

4/14/2009 Page

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2 11:06AM

AFTER RECORDING RETURN TO:

Alpine Crest Condominium Association
4127 Eaglemont Drive
Mount Vernon, WA 98274
(360) 428-2788

CLAIM OF LIEN

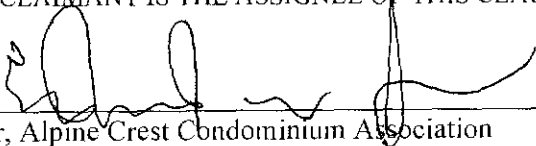
ALPINE CREST CONDOMINIUM ASSOCIATION
Claimant.

VS

C & R CONSTRUCTION, DBA EAGLEMONT CONDOS LLC
(Name of persons 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: ALPINE CREST CONDOMINIUM ASSOCIATION
TELEPHONE NUMBER: (360) 428-2788
ADDRESS: 4127 EAGLEMONT DRIVE, MOUNT VERNON, WA 98274
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: 07/01/2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: C & R CONSTRUCTION, DBA EAGLEMONT CONDOS LLC, 18407 MAJESTIC RIDGE LN, MOUNT VERNON, WA 98274
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 1612B ALPINE CREST LOOP, MOUNT VERNON, WA 98274
LEGAL DESCRIPTION: ALPINE CREST CONDOMINIUM, UNIT 1, #200405030217, BEING A PORTION OF SE ¼ OF NW ¼ SECTION 27 TOWNSHIP 34 NORTH, RANGE 4 EAST. ACCORDING TO THE PLAT RECORDED UNDER AUDITOR'S FILE NO. 200801090108, RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P121578
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
EAGLEMONT CONDOS LLC, 18407 MAJESTIC RIDGE LN, MOUNT VERNON, WA 98273
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: 04/01/2009
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,087.38 PLUS APPLICABLE LIEN FEES &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM STATE HERE: N/A


For, Alpine Crest Condominium Association

4127 Eaglemont Drive

Mount Vernon, WA 98274

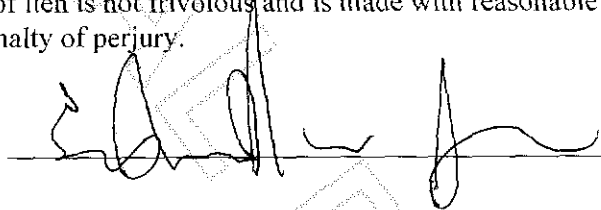
(360) 428-2788

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

STATE OF WASHINGTON)

COUNTY OF SKAGIT) ss.

ED YOUNG, 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, ED YOUNG, 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 before me this 13th of April 2009



PRINTED NAME: Linda S. Riley

NOTARY PUBLIC

In and for the State of Washington

Residing in: MOUNT VERNON

My commission expires: 2/15/2011

Order #

dated: 4/13/09



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