



200904240004  
Skagit County Auditor

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Return Address:

AFFORDABLE WATER SYSTEMS NW INC / Greg Halverson  
PO Box 908  
MT VERNON WA 98273

### 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>Reinard Ronald</u>	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) <u>Affordable Water Systems NW, Inc, Greg Halverson</u>		Add'l. on pg
Legal Description (abbreviated): <u>P 75150</u>		Add'l. legal is on page
Assessor's Property Tax Parcel / Account # <u>P75150</u>		

AFFORDABLE WATER SYSTEMS NW, INC  
Claimant  
vs.  
Ronald Reinard  
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: Affordable Water Systems NW, INC  
TELEPHONE NUMBER: 360 424 7444 ADDRESS: PO Box 908  
MT Vernon WA 98273
- 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: 20 Feb 09
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ron Reinard
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): SW 1/4 Sec 25  
Twp 33 Range 4 E. 4145 0200 996107 P-75150
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Ron Reinard  
TELEPHONE NUMBER: 206 852 9954 ADDRESS: PO Box 393  
Bo Thell WA 98241
- 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: Feb 21 2009

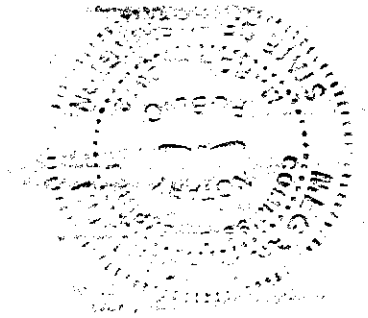




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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Signed and sworn to before me on this 24th day of April, 2009.  
Print Name Megan Johnson  
Notary Public in and for the State of WA  
My appointment expires: March 7, 2012

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.

STATE OF WASHINGTON  
County of Skagit  
SS. Megan Johnson

Claimant Greg Halverson  
Print or Type Name Greg Halverson  
Address MT Vernon wa 98223  
Telephone Number 360 424 7444

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 5274 <sup>63</sup>/<sub>100</sub>  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes