



200908190001

Skagit County Auditor

8/19/2009 Page

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2 8:50AM

After recording, return to (Name, Address, Zip):

Gerald and Donna Blades
 PO Box C-2102
 LaConner, WA 98257

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Duwayne and Darlene Wolfe
 Grantee (Claimant): Gerald and Donna Blades
 Abbreviated Legal Description: Pape's Tr Mt V, Lot 4, Block 3 "Pape's add. to City of Mt V."
 Assessor's Property Tax Parcel or Account No: P54002
 Reference No(s) of Related Documents: 3750-003-004-0006

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 County

Gerald and Donna Blades

 Claimant,
 vs.
 Duwayne and Darlene Wolfe

 Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: Gerald and Donna Blades
 Telephone Number: 360-416-6632 Address: PO Box C-2102
 128 So 1st LaConner, WA 98257
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: November 1, 2008
3. Name of person indebted to the Claimant: Duwayne and Darlene Wolfe
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 106 E. Spruce St.
 Mt. Vernon, WA 98253
5. Name of the owner or reputed owner (If not known state "unknown"): Duwayne and
 Darlene Wolfe 360-899-5695
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: August 31, 2009

(OVER)



Form No. 90 - Claim of Lien

ES

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7. Principal amount for which the lien is claimed is: \$5,000.00

8. If the Claimant is the assignee of this claim so state here:

Shirley Blades
CLAIMANT
Gerald Blades

CLAIMANT'S NAME (TYPED OR PRINTED)

17566 Dunbar Rd

STREET ADDRESS

Mt. Vernon WA

STATE

ZIP

PHONE

98973 360-466632

STATE OF WASHINGTON,

County of

Skagit

SS.

Gerald Blades

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.

Shirley Blades

SIGNED AND SWORN TO before me on

18th August 2009

Matthew Worley

Notary Public for Washington

My appointment expires

2/17/10

