



201010080115

Skagit County Auditor

10/8/2010 Page 1 of 2 3:36PM

Return Address:

Duane Robert Kramer dba DR Kramer Construction
PO Box 31475
Bellingham, WA 98228

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>Virgil Scott Chritton</u>	(2)	Add'l. on pg.
Grantee(s) (Claimant): (1) <u>Duane Robert Kramer</u>	(2) <u>DR. Kramer Construction</u>	Add'l. on pg.
Legal Description (abbreviated): <u>(4.0 AC) Lot B of River Valley Estates</u> Add'l. legal is on page		
Assessor's Property Tax Parcel / Account # <u>P127709</u>		

Duane Robert Kramer

Claimant

vs.

Virgil Scott Chritton

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: Duane Robert Kramer
 TELEPHONE NUMBER: 360-661-5741 ADDRESS: PO Box 31475
Bellingham, WA 98228
- 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: JUNE 3, 2010
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Scott Virgil Chritton
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4618 Glacier Lane
Sedro-Woolley, WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Scott Virgil Chritton
 TELEPHONE NUMBER: 360-661-0024 ADDRESS: 1026 S 35th PI
Mount Vernon, WA 98273
- 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: July 11, 2010



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$22,000.88
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

One Robert Kramer
Claimant
Duane Robert Kramer
Print or Type Name
PO Box 31475
Address
Bellingham, WA 98228
360-6661-5741
Telephone Number

STATE OF WASHINGTON

County of Skagit

SS.

Duane Kramer, 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.

Date this 8th

day of October 2010

Print Name Sherry R. March

Notary Public in and for the State of WA

My appointment expires: 10-1-2013

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.



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