



201010220067
Skagit County Auditor

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): _____
Grantee (Claimant): _____
Abbreviated Legal Description: _____
Assessor's Property Tax Parcel or Account No: _____
Reference No(s) of Related Documents: _____

Leonard + Evelyn Carlson

Claimant,
vs.
Rodger M. Carlson +
Faye E. Matier

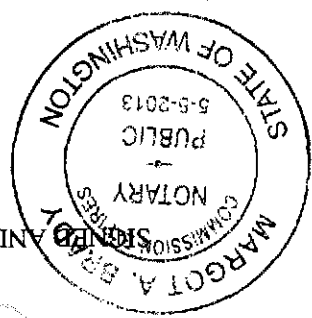
Name of person indebted to Claimant..

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: *Leonard + Evelyn Carlson*
Telephone Number: *360-427-6383* Address: *18784-W. Big Lake Blvd, Mt Vernon, Wa. 98274*
- 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: *May 11, 2000*
- Name of person indebted to the Claimant: *Rodger M. Carlson + Faye E. Matier*
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): *P-18352 23104-SR-97 Parcel # NO*
- Name of the owner or reputed owner (If not known state "unknown"): *Rodger M. Carlson + Faye E. Matier*
- 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: *down Payment 12, 5 11, 19*

(OVER)

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Margot A. Brady
 Notary Public for Washington
 My appointment expires 5-5-2013

Leonard & Evelyn Carlson, 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.
 Leonard & Evelyn Carlson

CLAIMANT'S NAME (TYPED OR PRINTED)
 Leonard & Evelyn Carlson
 STREET ADDRESS
 18784 W. Big Lake Blvd
 CITY STATE ZIP PHONE
 Mt Vernon WA 98274 - 360-421-6383

7. Principal amount for which the lien is claimed is: \$12,511.19
 8. If the Claimant is the assignee of this claim so state here: yes

Leonard & Evelyn Carlson