



201011150216
Skagit County Auditor

11/15/2010 Page 1 of 2 12:14PM

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

Bryce W. Kaestner
3003 West 2nd St
Anacortes WA 98221

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Danny G. OBrien
Grantee (Claimant): Bryce W. Kaestner
Abbreviated Legal Description:
Assessor's Property Tax Parcel or Account No: P54067
Reference No(s) of Related Documents: Lot 5 BL 8 Papes to Mt Vernon

Bryce W. Kaestner
Claimant,
vs.
Danny G. OBrien
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:

1. Name of Lien Claimant: Bryce W. Kaestner
Telephone Number: 253-359-3747 Address: 3003 West 2nd St
Anacortes WA 98221
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: 9/2/10
3. Name of person indebted to the Claimant: Danny G. OBrien
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 700 N 8th St
Mount Vernon WA 98273
5. Name of the owner or reputed owner (If not known state "unknown"): Danny G. OBrien
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: 9/14/10

(OVER)



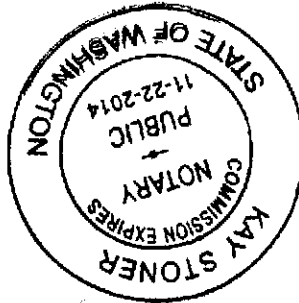
Form No. 90 - Claim of Lien

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201011150216
Skagit County Auditor



Notary Public for Washington
My appointment expires 11-22-2014

SIGNED AND SWORN TO before me on 11-15-10

By Bryce W. Kaestner, 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. }

CLAIMANT'S NAME (TYPED OR PRINTED) 3003 west 2nd St
STREET ADDRESS
CITY Anacortes STATE WA ZIP 98221 PHONE 253-359-3747

CLAIMANT Bryce W. Kaestner

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

7. Principal amount for which the lien is claimed is: \$1960