201011290176
Skagit County Auditor
11/29/2010 Page 1 of 2 10:40AM

Return Address:
Dave Berentson
PO Box 635
Burlington, WA 98233

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) _____ (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): LTS 1-3 BLK 6 EASTERN TO MV Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P52722

Dave Berentson
Claimant
vs.
Arlene Forsyth
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: Dave Berentson
TELEPHONE NUMBER: 3607089484 ADDRESS: PO Box 635
Burlington, WA 98233

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: 8.31.10

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Arlene Forsyth

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
206 S 9TH
Mount Vernon, WA 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Arlene Forsyth
TELEPHONE NUMBER: 360 424 6512 ADDRESS: 3289 Swan Rd
Mount Vernon, WA 98273

6. 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: 8.31.10

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $760.46

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : YES

Dave Berentson
Claimant

Dave Berentson
Print or Type Name

PO Box 635
Address

Burlington, WA 98233

360 7089484
Telephone Number

STATE OF WASHINGTON
County of Skagit } SS.

Dave Berentson, 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.

Dave Berentson

Signed and sworn to before me on this 29th day of November, 2010.

SARAH E. MARTIN
COMMISSION EXPIRES
NOTARY
PUBLIC
7-20-2014
STATE OF WASHINGTON

Sarah E Martin
Print Name Sarah Martin
Notary Public in and for the State of Washington
My appointment expires: 7/20/2014

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.

UNOFFICIAL DOCUMENT