



201102280156

Skagit County Auditor

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Return Address:

Berentson PlumbingPO Box 635Burlington, WA 98233**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 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): 29/34/04 NE NW Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account #

P28508Dave Berentson DBA Berentson Plumbing  
Claimant

vs.

Jay Richardson

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 DBA Berentson Plumbing  
TELEPHONE NUMBER: 360 708 9484 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: 8-13-10
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jay Richardson
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal  
description or other information that will reasonably describe the property):  
1425 S. 10th  
Mount Vernon, WA 98273
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Jay Richardson  
TELEPHONE NUMBER: 360 840 9008 ADDRESS: 1425 S. 10th  
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: 12-01-10



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2735.30
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

Dave Berentson DBA Berentson Plumbing  
Claimant

Dave Berentson  
Print or Type Name

Address  
PO Box 635 Burlington, WA 98233  
360 708 9484  
Telephone Number

STATE OF WASHINGTON

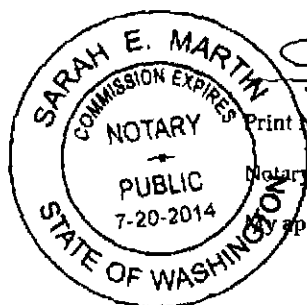
County of Skagit

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 17th day of February, 2011.



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.



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