



201205240043

Skagit County Auditor

5/24/2012 Page 1 of 2 11:44AM

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): NANCY RIMMER

Grantee (Claimant): EDWARD H WISENER III

Abbreviated Legal Description: COBAHWD LOT#39

Assessor's Property Tax Parcel or Account No: P 129620

Reference No(s) of Related Documents: _____

EDWARD H WISENER III / MAKE IT
RIGHT CONST.

Claimant,

vs.

NANCY RIMMER

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: EDWARD H WISENER III
 Telephone Number: (360) 661-7030 Address: 2399 BUTLER CR, RD.
SEDOO Woolley WA 98284
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: 3/16/12
3. Name of person indebted to the Claimant: NANCY RIMMER
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 17888 COBAHWD RD LA CONNER
WA / Log CABIN
5. Name of the owner or reputed owner (If not known state "unknown"): NANCY RIMMER /
WASHINGTON FEDERAL BANK
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: 5/11/12

(OVER)



Form No. 90 - Claim of Lien

BEBE

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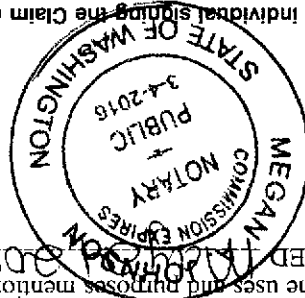
201205240043
Skagit County Auditor



Notary Public for Washington
My appointment expires _____

STATE OF WASHINGTON, County of _____
I certify that I know or have satisfactory evidence that _____
is the individual who appeared before me, and who
acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument
and acknowledged it as the _____
of _____
to be the free and voluntary act of
such party for the uses and purposes mentioned in the instrument.
DATED _____

Notary Public for Washington
My appointment expires March 4, 2016



STATE OF WASHINGTON, County of Skagit
I certify that I know or have satisfactory evidence that Edward Wisener III
is/are the individual(s) who appeared before me, and who
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act
for the uses and purposes mentioned in the instrument.
DATED March 4, 2016

Notary Public for Washington
My appointment expires _____

SIGNED AND SWORN TO before me on _____

claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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

CLAIMANT'S NAME (TYPED OR PRINTED) Edward H Wisener III
CLAIMANT Edward H Wisener III
STREET ADDRESS 2339 Butler Cr. Rd.
CITY SEDRO WILLEY WA 98284 (360) 661 2030
STATE ZIP PHONE

8. If the Claimant is the assignee of this claim so state here: Yes
7. Principal amount for which the lien is claimed is: \$4258.00