201205240043
Skagit County Auditor
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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: COBAHUD 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. SEDRO 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 COBAHUD 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)

7. Principal amount for which the lien is claimed is: $ 4258.00

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

Edward H Wisener III (Edward H Wisener III) — 2399 Butler Cr. Rd.
CLAIMANT — STREET ADDRESS

Edward H Wisener III — Sedro Woolley WA 98284 (360) 661 7030
CLAIMANT'S NAME (TYPED OR PRINTED) — CITY — STATE — ZIP — PHONE

STATE OF WASHINGTON, County of Skagit) ss.

_____, 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.

_____

SIGNED AND SWORN TO before me on _____

_____
Notary Public for Washington
My appointment expires _____

NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of Skagit) ss.

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 6 2012.

MEGAN L JOHNSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-4-2016

_____
Notary Public for Washington
My appointment expires March 4, 2016

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

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 _____

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