



201209040013

Skagit County Auditor

9/4/2012 Page 1 of 2 9:13AM

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

DAVID P. SHARP  
135 HOSANNA WAY  
CAMANO IS, WA. 98282

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant):  
Grantee (Claimant):  
Abbreviated Legal Description:  
Assessor's Property Tax Parcel or Account No:  
Reference No(s) of Related Documents:

DAVID P SHARP

Claimant,

vs.  
PHILIP W. LAMAY

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:

- Name of Lien Claimant: PHILIP W. LAMAY  
Telephone Number: 360-840-3086 Address: 1905 Sparrs LN  
BURLINGTON WA 98233
- 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: 4-27-2010
- Name of person indebted to the Claimant: PHILIP W. LAMAY
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): P72817 1905 Sparrs LN  
BURLINGTON WA 98233 - LOT 3 Sparrs 4th Add.  
A Replat of a portion of tract 56 BUR' Acrease Property.
- Name of the owner or reputed owner (If not known state "unknown"): PHILIP W. LAMAY
- 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: 4-27-2010

(OVER)



Form No. 90 - Claim of Lien

BEBE

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201209040013



Notary Public for Washington  
My appointment expires

such party for the uses and purposes mentioned in the instrument.  
DATED

and acknowledged it as the  
of  
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  
I certify that I know or have satisfactory evidence that  
STATE OF WASHINGTON, County of  
) ss.

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:

Notary Public for Washington  
My appointment expires

for the uses and purposes mentioned in the instrument.  
DATED

acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act  
is/are the individual(s) who appeared before me, and who  
I certify that I know or have satisfactory evidence that  
STATE OF WASHINGTON, County of  
) ss.

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).

Notary Public for Washington  
My appointment expires

excessive under penalty of perjury.  
to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly  
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  
claimant AND SWORN TO before me on August 8th 2012  
David P Sharp



CLAIMANT'S NAME (PLEASE PRINT) David P Sharp  
STATE OF WASHINGTON, County of ISLAND

CLAIMANT David P Sharp  
STREET ADDRESS 135 HOSANNA WA  
CITY CANANDA WA 98282  
STATE ZIP PHONE 360-387-7103

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

7. Principal amount for which the lien is claimed is: \$20,000