



201301100058

Skagit County Auditor

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Return to: Nordic Services, Inc.
9618 Midvale Ave. N
Seattle, WA 98103

Title: CLAIM OF LIEN

Grantor(s): Gurina M. Palmer, Paul L. McIlrath, Brian D. Christie and Laurel Christie

Grantee(s): Nordic Services, Inc.

Assessor's Parcel Tax Account No.: **P69679 4016-000-059-0004**

Legal Description: **QUARTER 03 / SECTION 27 / TOWNSHIP 34 / RANGE 02;
SKAGIT COUNTY WASHINGTON
SNEEOOSH LOT 59**

NOTICE IS HEREBY GIVEN that the person named below claims a lien pursuant to Chapter 64.04.RCW. In support of this lien the following information is submitted:

Name of Lien Claimant:	<u>Nordic Services, Inc.</u>
Telephone Number:	<u>206-522-9570</u>
Address:	<u>9618 Midvale Avenue North</u>
	<u>Seattle, WA 98103</u>

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: **September 17, 2011**

Name(s) of the person(s) indebted to the Claimant: Gurina M. Palmer, Paul L. McIlrath, Brian D. Christie and Laurel Christie

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED
(Street address, legal description or other information that will reasonably describe the property):

Street Address:	16780 Chilberg Avenue La Conner, WA 98257
County:	Skagit County Washington

NAME OF THE OWNER(S) OR REPUTED OWNER(S) (If not known, state "unknown"):

Gurina Palmer McIlrath

The last date on which labor was performed; professional services were furnished; contributions to an employee benefit plan were due; or material and/or equipment was furnished:

October 16, 2012

Principal amount for which the lien is claimed is:

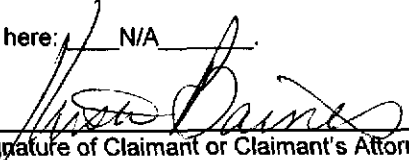
SIX THOUSAND SIX HUNDRED NINETY NINE & 62/100 DOLLARS

\$6,699.62 (plus interest and plus reasonable legal fees and expenses)

This amount may change to conform to evidence presented at trial or arbitration.

If the Claimant is assignee of this claim so state here: N/A

January 9, 2013
Dated



Signature of Claimant or Claimant's Attorney

Kristi Baines, Accounts Receivable Administrator
Printed Name

STATE OF WASHINGTON)
COUNTY OF KING) ss.

Kristi Baines, being duly sworn, says: I am claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of a 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.



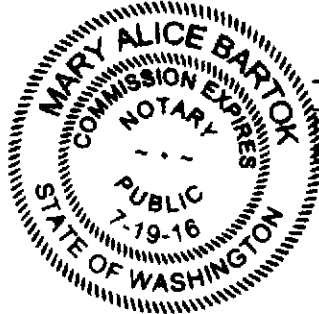
Signature of Claimant or Claimant's Attorney


Corporate Acknowledgment (RCW 42.44.100(2))

STATE OF WASHINGTON)
COUNTY OF KING) ss.

I, **Mary A. Bartok**, Notary Public in and for the State of Washington, do hereby certify that on this **9th day of January, 2013**, personally appeared before me **Kristi Baines**, to me known to be the individual described in and who executed the within instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes herein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS **9th day of January, 2013**.





(signature)
Mary A. Bartok (typed or printed name)
Notary Public in and for the State of Washington;
My commission expires: **July 19, 2016**



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