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Skagit County Auditor

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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) ANNETTE STEWART (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) RIVER LANE COMMUNITY CLUB (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): PH5216 Add'l. legal is on page 16/17

Assessor's Property Tax Parcel /Account # PLAT 16-17-SKAGIT COUNTY

RIVER LANE COMMUNITY CLUB
Claimant
vs.
ANNETTE STEWART
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: RIVER LANE COMMUNITY CLUB
TELEPHONE NUMBER: _____ ADDRESS: _____
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. NAME OF PERSON INDEBTED TO THE CLAIMANT: ANNETTE STEWART
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): DALLEY RD. LAT 9A. CONCRETE - WA. 98227
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: _____ ADDRESS: _____
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: _____



Claim of Lien
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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.



Print Name Shannon Nootenboom
Notary Public in and for the State of WA
My appointment expires: 08-20-2014

Signed and sworn to before me on this

day of August 2013
MARGARET MORRIS
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.

STATE OF WASHINGTON
County of SKAGIT
SS. }

Claimant M. MORRIS - FOR
Print or Type Name PO BOX 202
Address CONCATE WA 98237
Telephone Number 360-853-8897

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