

Michael Anderson
Countryside Creations
P.O. Box 2220
Leavenworth, WA 98826

SK: KATHY MILLER TOR

99 MAR 17 P2:43

RECORDED _____ FILED _____
REQUEST OF _____

9903170097

CLAIM OF LIEN

Claimant (Grantee): Countryside Creations, P.O. Box 2220,
Leavenworth, WA 98826

Person or Company Indebted
to Claimant (Grantor): Mark Root, 1502 Burrows Court C, Anacortes, WA 98221

Abbreviated Legal Description: Lot 22 in Marine Heights, Anacortes, Washington, 98221

Assessor's Property Tax
Parcel/Account No.: P111760 / 4695-000-022-0000

Notice is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.40. In support of this Lien, the following information is submitted:

1. *Name of Lien Claimant:* **Countryside Creations**
Telephone Number: **(509) 548-2018**
Address: **P.O. Box 2220
Leavenworth, WA 98826**
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:*
October 21, 1998
3. *Name of person or contractor indebted to claimant:*
Mark Root, 1502 Burrows Court C, Anacortes, WA 98221

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BK1960PG0057

4. Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property):

4214 Marine Heights Drive
Anacortes, WA 98221

5. Name of the owner or reputed owner (if not known state "unknown"):

Mark Root

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:

December 24, 1998

7. Principal amount for which the Lien is claimed is: \$ 19,648.51

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

(No.)

Yes. State name of Assignor: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF CHELAN)

MICHAEL ANDERSON, of Countryside Creations, 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.

Michael Anderson
Claimant

SUBSCRIBED AND SWORN TO before me this 17th day of January, 1999.



Cathy Wilcox
Print Name: _____ NOTARY

PUBLIC in and for the State of Washington; residing at
Room 200 North
My Commission expires: 4-25-01