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CLAIM OF LIEN

Washington RCW 60.04 et seq | Filed in _____ County

(GRANTEE)

versus

(GRANTOR)

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. THE LIEN CLAIMANT Hereinafter the "Claimant"	
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIALS OR EQUIPMENT.	_____/_____/_____
3. THE PARTY INDEBTED TO THE CLAIMANT	

4. THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED IS LOCATED AT THE FOLLOWING MUNICIPAL ADDRESS:

BRIEF LEGAL DESCRIPTION OF PROPERTY IS AS FOLLOWS:

Section: _____
Township: _____
Range: _____
Quarter: _____
APN: _____

5. NAME OF THE OWNER OR REPUTED OWNER

6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; OR MATERIAL, OR EQUIPMENT WAS FURNISHED.

_____/_____/_____

7. PRINCIPAL AMOUNT WHICH THE LIEN IS CLAIMED

\$ _____

STATE OF _____

COUNTY OF _____

_____, being first duly sworn upon oath, deposes and says: That I am the claimant (or authorized agent of the claimant) 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 the penalty of perjury.

Signature: _____

Signed By: _____

Officer of _____, Authorized Agent of Claimant

ACKNOWLEDGEMENT

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instruction, on oath stated that he/she was authorized to execute the instrument and acknowledged it as officer of _____, an authorized agent for Claimant, to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument. In Witness Whereof I have hereunto set my hand and affixed my official seal this day and year first above written.

Given under my hand and official seal this _____ day of _____ 20____.

Notary Signature: _____

Print Notary Name: _____

NOTARY PUBLIC in and for the State of _____

Commission Expires: _____