

Filed for request of and after recording mail to:

[Company Name]
[Street Address]
[City, State, Zip]

CLAIM OF LIEN

Reference: Grantor (Owners): Grantee (Claimant): Legal Description: Parcel Number(s):

[Company Name]
[Street Address]
[City, State, Zip]

CLAIM OF LIEN

vs.

[Name of Person/Entity Indebted to Claimant]
[Street Address]
[City, State, Zip]

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:
TELEPHONE NUMBER: **Tel:** **Fax:**
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:
[Date]
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: **[Name/Entity]**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
Street Address:
Legal Description:

5. TAX PARCEL I.D. NUMBERS:
6. NAME OF THE OWNER OR REPUTED OWNER (If not known, state "unknown"):
[Name of Owner; and "Unknown Owners"]
7. 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: [Date]
8. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: [Amount]; plus on going accrued interest, recording and lien fees, and attorneys' fees.

Claimant reserves the right to amend the amount of this lien for all additional and ongoing costs.

9. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: N/A

Dated this ____ day of _____, _____.

By: _____

[Claimant - Printed]

By: [Name-Print; Its Attorney, Owner, Pres., Mngr.]

State of Washington)
) ss.
 County of _____)

_____, 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.

Dated this ____ day of _____, _____.

 [Name: Print]

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

 NOTARY PUBLIC in and for the State
 of Washington, residing at _____
 My appointment expires _____