AFTER RECORDING RETURN TO:

**CLAIM OF LIEN**

Grantor (Owner of Property):

Grantee (Lien Claimant):

Abbreviated Legal Description:

Assessor’s Property Tax Parcel:

Notice is hereby given that the person named below claims a lien pursuant to RCW 60.04. In support of this lien the following information is submitted:

1. Name of Lien Claimant: 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 Claimant:

4. Description of the property against which a lien is claimed:

Street Address:

Tax Parcel:

Legal Description:

5. Name of the Owner or Reputed Owner:

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: . The labor and services furnished included

7. Principal Amount for which the lien is claimed:

8. The Claimant is not an assignee.

I, , the undersigned, being of lawful age and being first duly sworn upon oath, do state that I represent the Claimant named herein, that I have read the foregoing Notice of Claim of Lien, know the contents thereof, and I have knowledge of the facts, and certify that based thereupon, upon my information and belief the foregoing is true and correct, and that I believe them to be true.

Dated this day of , .

**STATE OF WASHINGTON )**

**) ss.**

**COUNTY OF )**

On this day personally appeared before me to me known to be the individual described within and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_ day of , 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

NOTARY PUBLIC for Washington

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My appointment expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_