

**Prepared by, recording requested by and
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CLAIM OF LIEN

RCW 60.04.091

STATE OF
WASHINGTON
COUNTY OF

Claimant / Lienor	_____
Owner	_____
Amount claimed	\$_____
Parcel Number	_____

Abbreviated legal description: _____ (complete legal
description in item 4)

_____, claimant, vs
_____, 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: _____

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:

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED
(Street address, legal description or other information that will reasonably
describe the property):

Legal description: _____

Parcel Number: _____

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state
"unknown"): unknown

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: _____

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$_____

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

_____, 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.

CLAIMANT:

By (signature)

Date

Printed name

Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, authorized representative, who is personally known to me or who produced _____ as identification.

Notary Public (signature)

My commission expires

Notary's printed or typed name

(Notary seal)