



200307180127

Skagit County Auditor

Return Address:

JODY M. MONDAY
1314 VIRGINIA ST.
MT. VERNON, WA.
98273

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable):
Grantor(s) (Owner): (1) J. MICHAEL JEFFORDS / HOME STREET BANK Add'l. on pg
Grantee(s) (Claimants): (1) JODY M. MONDAY (2) Add'l. on pg
Legal Description (abbreviated): 1314 VIRGINIA ST. MT. VERNON, WA Add'l. legal is on page
Assessor's Property Tax Parcel /Account #: P 54337 455,6 BL II SOUTH TO

JODY M. MONDAY Claimant
J. MICHAEL JEFFORDS / vs.
Name of person indebted to Claimant HOME STREET BANK
mt vernon

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:

- NAME OF LIEN CLAIMANT: JODY M. MONDAY
TELEPHONE NUMBER: 360-336-0614 ADDRESS: 1314 VIRGINIA ST. MT VERNON WA.
- 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: 9-1-98 (09-01-1998)
- NAME OF PERSON INDEBTED TO THE CLAIMANT: J. MICHAEL JEFFORDS / ISSAQUAH, WA
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1314 VIRGINIA ST., MT. VERNON, WA, 98273 HOME STREET BANK SEATTLE, WA.
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): J. MICHAEL JEFFORDS / TELEPHONE NUMBER: 206-660-1654 ADDRESS: HOME STREET BANK SEATTLE, WA.
- 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: 06-15-03 (2003)





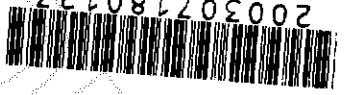
Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.wallegablanck.com

7/18/2003 Page 2 of 2 1:57PM

200307180127
Skagit County Auditor



NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

Jody M. Monday
Wt

Signed and sworn to before me on this _____ day of _____

Jody M. Monday
July
I am the claimant (or attorney of the claimant, or administrator, representative, or agent 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.

Jody M. Monday
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent 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.

STATE OF WASHINGTON }
County of *Skagit* }
SS.

Telephone Number _____
Address _____
Print or Type Name _____
Jody M. Monday
Claimant

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: *\$152,500.00*
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: *Yes*

