



200510310204
Skagit County Auditor

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Return Address:

GERALD JOHNSON
PO BOX 1226
LACONNER, WA 98257

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) LAUREL, JANET (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) JOHNSON, GERALD (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SYNDICATE ADD LACONNER BLK 27 LOT 3 Add'l. legal is on page _____

Assessor's Property Tax Parcel Account # P74416 4128-027-003-0009

GERALD JOHNSON Claimant
 vs.
JANET LAUREL 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:

- NAME OF LIEN CLAIMANT: GERALD JOHNSON
 TELEPHONE NUMBER: 360-466-3146 ADDRESS: PO BOX 1226
LACONNER WASH 98257
- 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: 8-25-05
- NAME OF PERSON INDEBTED TO THE CLAIMANT: JANET LAUREL
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 605 MAPLE STREET
LACONNER WA 98257 - SYNDICATE ADD LACONNER BLK 27 LOT 3
EXCEPT THE EAST 10 FEET OF SHED LOT 3, SURVEY RECORDED NUMBER
AF # 200411230010
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): JANET LAUREL
 TELEPHONE NUMBER: 466-1770 ADDRESS: 605 MAPLE ST
LACONNER, WA 98257
- 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: 8-25-05



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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.

Notary Public
State of Washington
MARELLA D. DUBOQUE
MY COMMISSION EXPIRES
JUNE 1, 2007

Print Name MARELLA D. DUBOQUE
Notary Public in and for the State of Washington
My appointment expires: 6-1-07

Signed and sworn to before me on this 31st day of October 2005

GERALD JOHNSON
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.

STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant
Print or Type Name
Address
Telephone Number

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 815,88 + 15.7% int