



201404110001

Skagit County Auditor \$73.00
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201304010152
Skagit County Auditor

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After recording, return to (Name, Address, Zip):

RE Record TO Renew

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): JOYCE BELL
Grantee (Claimant): RJ WARREN
Abbreviated Legal Description: TAX 18 WEST HALF OF GOVERNMENT, LOT 1, SECTION 12
Assessor's Property Tax Parcel or Account No: P45106 AND P45140, 6/12-85-10
Reference No(s) of Related Documents: 351012-0-007-0006 AND 351012-0-038-0009

RJ WARREN OF
PO BOX 1922 MARYSVILLE WA 98270
Claimant,

vs.
JOYCE BELL OF
PO BOX 529 LAKE STEVENS WA 98258
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: RJ WARREN
Telephone Number: 425-377-2428 Address: PO BOX 1922
MARYSVILLE WA 98270
- 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: _____
- Name of person indebted to the Claimant: JOYCE BELL
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): P45106 AND P45140
59571 STATE ROUTE 20 AND 59587 Old Address
5801 HY 20 MARBLEMOUNT 98267
- Name of the owner or reputed owner (If not known state "unknown"): _____
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: _____

(OVER)

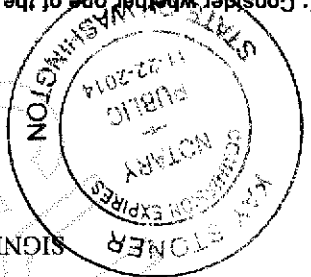


7. Principal amount for which the lien is claimed is: \$385,000 For Parcel P45106
8. If the Claimant is the assignee of this claim so state here: R J WARRIEN

CLAIMANT R J WARRIEN
CLAIMANT'S NAME (TYPED OR PRINTED) R J WARRIEN
STATE OF WASHINGTON, County of Skagit
CITY Skagit STATE WA ZIP 98070 PHONE 425-379-2428
STREET ADDRESS P O BOX 1928
CITY MARYSVILLE STATE WA ZIP 98070 PHONE 425-379-2428

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.

SIGNED AND SWORN TO before me on 4-1-2013
Notary Public for Washington R J WARRIEN
My appointment expires 11-22-2014



NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:
STATE OF WASHINGTON, County of _____) ss. _____
I certify that I know or have satisfactory evidence that _____
is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.
DATED _____

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:
STATE OF WASHINGTON, County of _____) ss. _____
I certify that I know or have satisfactory evidence that _____
is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____
of _____
to be the free and voluntary act of _____
such party for the uses and purposes mentioned in the instrument.
DATED _____

Notary Public for Washington
My appointment expires _____

