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Skagit County Auditor \$73.00
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Skagit County Auditor \$73.00
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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, 6/12-35-10
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)



Form No. 90 - Claim of Lien

BEBE

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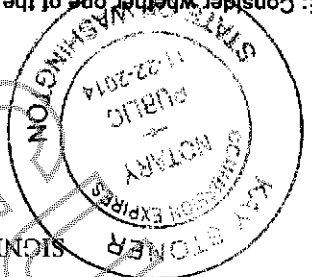
NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: \$385,000 For Parcel P45106
& 225,000 For Parcel P45140
 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 98270 PHONE 425-377-2428
 STREET ADDRESS P O Box 1928
 CITY Marysville WA STATE WA ZIP 98270 PHONE 425-377-2428

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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
R J WARRIEN
 My appointment expires 11-22-2014
 Notary Public for Washington
 My appointment expires _____



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 _____



UNRECORDED