



201412300027

Skagit County Auditor \$73.00  
12/30/2014 Page 1 of 2 9:20AM



201604130116

Skagit County Auditor \$74.00  
4/13/2016 Page 1 of 2 2:18PM



201404110001

Skagit County Auditor \$73.00  
4/11/2014 Page 1 of 2 8:30AM

201304010152

Skagit County Auditor

4/1/2013 Page 1 of 2 11:30AM



201704030148

Skagit County Auditor \$74.00  
4/3/2017 Page 1 of 2 2:34PM

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..



201803200036

Skagit County Auditor \$75.00  
3/20/2018 Page 1 of 2 1:38PM

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: 425-300-2428 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 WARREN

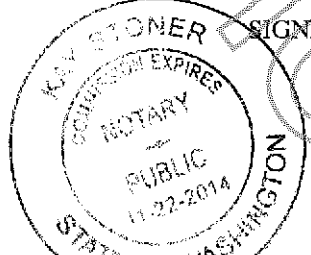
R J WARREN CLAIMANT PO BOX 192A STREET ADDRESS

R J Warren, CLAIMANT'S NAME (TYPED OR PRINTED) MARYSVILLE WA 98970 425-377-2428 CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit ) ss.  
R J Warren

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.

R J Warren,



SIGNED AND SWORN TO before me on 4-1-2013

Kay Stoner  
Notary Public for Washington  
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 \_\_\_\_\_

Notary Public for Washington  
My appointment expires \_\_\_\_\_

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 \_\_\_\_\_

