

201812170054

12/17/2018 09:29 AM Pages: 1 of 2 Fees: \$100.00
Skagit County Auditor

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

BENJAMIN JONES
15442 BONNEY LANE
MOUNT VERNON, WA
98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): CURTIS AND CAROL RODIN
Grantee (Claimant): BENJAMIN JONES
Abbreviated Legal Description: LOTS 7-8 DEWEY BEACH ADD.
Assessor's Property Tax Parcel or Account No: P64991
Reference No(s) of Related Documents: _____

BENJAMIN JONES / JONES HOMES
OWNER
Claimant,
vs.
CURTIS AND CAROL RODIN
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: BENJAMIN JONES / JONES HOMES OWNER
Telephone Number: 360-421-4291 Address: 15442 BONNEY LANE
MO, WA. 98273
- 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: 12/05/16
- Name of person indebted to the Claimant: CURTIS AND CAROL RODIN
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 15205 DECEPTION ROAD
ANACORTES, WA 98221
- Name of the owner or reputed owner (If not known state "unknown"): CURTIS AND CAROL
RODIN
- 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: 11/16/18

(OVER)



7. Principal amount for which the lien is claimed is: \$ 5984.50

8. If the Claimant is the assignee of this claim so state here: _____

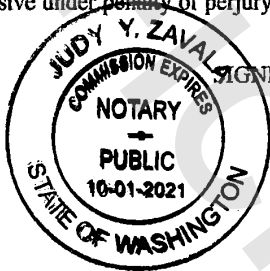
BENJAMIN JONES / JONES HOMES OWNER CLAIMANT 15442 BONNEY LANE STREET ADDRESS

BENJAMIN JONES CLAIMANT'S NAME (TYPED OR PRINTED) MOUNT VERNON CITY -WA STATE 98273 ZIP 360-421-4291 PHONE

STATE OF WASHINGTON, County of SKAGIT) ss.

BENJAMIN D. JONES 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.



SIGNED AND SWORN TO before me on December 17, 2018

Judy Y. Zavala
Notary Public for Washington
My appointment expires 10-01-2021

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 _____