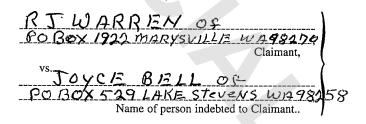
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4/13/2016 Page 1 of 2 2:18PM	\$74.00 \$74.00 4/3/2017 Page 1 of 2 2:34PM
ReRo	econd to Rewyew
CLAIM OF LIEN Granter (Name of person indebted to Claimant): Tays	E RELL

Grantee (Claimant): RJ WAR IS 12/Y
Abbreviated Legal Description: TAX 18 TWEST HALF OF GOVERNENT, LOT 1,
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Assessor's Property Tax Parcel or Account No: P45106 HND 1945140



1. Name of Lien 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:

Reference No(s) of Related Documents: 35/0/2-0-007-0006 ANC 35/0/2-0-038-0009

- Telephone Number: 425-3 27-2428 Address: PO BOX 1922 MARYSVILLE WA 2. 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: _____
- 3. Name of person indebted to the Claimant: ToyCE BELL

4. 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 C45740, 5957/STATIZ ROUTE 20 AND 59587 OLD ROORESS 5801 HY 20 MARBLISMOUNT 98267

- 5. Name of the owner or reputed owner (If not known state "unknown"):
- 6. 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)

CLAIMANT CLAIMANT CLAIMANT CLAIMANT CLAIMANT STATE OF WASHINGTON, County of Claimant (or attorney of the claimant, or administrator, represent plan) above named; I have read or heard the foregoing claim to be true and correct and that the claim of lien is not frivolences in the state of t	n, read and know the contents thereof, and believe the same lous and is made with reasonable cause, and is not clearly Refore me on
CLAIMANT'S NAME (TYPED OF PRINTED) STATE OF WASHINGTON, County of PLANCA claimant (or attorney of the claimant, or administrator, representation) above named; I have read or heard the foregoing claim to be true and correct and that the claim of lien is not frivole excessive under penalty of perjury. STONER SIGNED AND SWORN TO be NOTE: Consider whether one of the following additional notar Field, Inc., 155 Wh. App. 434, 228 P.3d 1297 (2010). If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of I certify that I know or have satisfactory evidence is acknowledged that he/she/they signed this instrument and a for the uses and purposes mentioned in the instrument.	MARYSUILLE WA 98070 425-307 CITY STATE ZIP PHONE STATE ZIP PHONE PHONE PHONE PHONE
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If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of I certify that I know or have satisfactory evidence is acknowledged that he/she/they signed this instrument and a for the uses and purposes mentioned in the instrument.	of Lien on his or her own behalf:) ss. thats/are the individual(s) who appeared before me, and who
I certify that I know or have satisfactory evidence is acknowledged that he/she/they signed this instrument and a for the uses and purposes mentioned in the instrument.	thats/are the individual(s) who appeared before me, and who
acknowledged that he/she/they signed this instrument and a for the uses and purposes mentioned in the instrument.	
	Notary Public for Washington
	My appointment expires
If the individual signing the Claim of Lien is making the Claim behalf of a business entity: STATE OF WASHINGTON, County of	22)
I certify that I know or have satisfactory evidence th	at is the individual who appeared before me, and who
acknowledged that he/she signed this instrument, on oath st and acknowledged it as the	tated that he/she was authorized to execute the instrument
such party for the uses and purposes mentioned in the instruCDATED	to be the free and voluntary act of ument.
	Notary Public for Washington
	My appointment expires
	201412300027
	Skagit County Auditor \$73.00