



199908130112

Kathy Hill, Skagit County Auditor

8/13/1999 Page 1 of 2 1:11:08PM

Return Address:

TIM A COOLEY
4987 SAMISH TERRACE
BOW, WA 98232

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
Grantor(s) (Owner): (1) <u>VILLAGE PARK LLC</u>	(2) <u>JR COX ASSOCIATES LLC</u>	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>TIMOTHY A. COOLEY</u> (2) _____ Add'l. on pg _____		
Legal Description (abbreviated): <u>LOT 13, VILLAGE PARK ANACORTES, WA 98221</u> Add'l. legal is on page _____		
Assessor's Property Tax Parcel /Account # <u>P112548</u>		

Timothy A. Cooley } Claimant
RANDY COX - D.B.A. } vs.
VILLAGE PARK LLC OR }
JR COX ASSOCIATES LLC }
 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: TIMOTHY A. COOLEY
 TELEPHONE NUMBER: 360-266-6923 ADDRESS: 4987 SAMISH TERRACE
BOW, WA 98232
- 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: 8-10-99
- NAME OF PERSON INDEBTED TO THE CLAIMANT: RANDY COX DBA - JR COX ASSOCIATES LLC
and/or VILLAGE PARK LLC
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 13 VILLAGE PARK
2317 35th ST, ANACORTES, WA 98221
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JR COX ASSOCIATES LLC OR
VILLAGE PARK LLC
 TELEPHONE NUMBER: 360-293-9426 ADDRESS: PO BOX 456
ANACORTES, WA 98221
- THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: 8-2-99



Claim of Lien
Page 1 of 2

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* OR TIM REYNOLDS
OAK HARBOR
675-5213



8/13/1999 Page 2 of 2 1:11:08PM
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

My appointment expires: 10-1-01
Notary Public in and for the State of WA

Print Name Kathy Hill
Kathy Hill

Signed and sworn to before me on this 13th day of August 1999

Timothy A. Cooley
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.

STATE OF WASHINGTON
County of SKAGIT
SS. }

Claimant Timothy A Cooley
Print of Type Name 4982 SMITH TRAIL
Address Box, WA 98232
Telephone Number 360-200-0923

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 388722
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes