199908130113
Kathy Hill, Skagit County Auditor
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Return Address:
Tim Cooley
4987 SAMISH TERRACE
BOW, WA 98221

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) VILLIAGE PARK LLC (2) John R. COX & ASSOCIATES LLC Add'l. on pg___

Grantee(s) (Claimants): (1) Timothy A Cooley (2)_____ Add'l. on pg___

Legal Description (abbreviated): LOT 12 VILLIAGE PARK Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P112547

Timothy A. Cooley
RANDY COX DBA VILLIAGE PARK LLC or
JOHN R. COX & ASSOCIATE
Name of person indebted to Claimant

Claimant vs.

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:

1. NAME OF LIEN CLAIMANT: Timothy A Cooley
TELEPHONE NUMBER: 360-766-6923 ADDRESS: 4987 SAMISH TERRACE BOW, WA 98232

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: 8-10-99

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: RANDY COX DBA VILLIAGE PARK (LLC) OR JOHN R COX & ASSOCIATES (LLC)

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LOT 12, VILLIAGE PARK 2320 35TH ST, ANACORTES, WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ~~VILLIAGE PARK LLC~~ ED MALICK or Judy Bligh
TELEPHONE NUMBER: 360-299-2652 ADDRESS: 5001 DUNDEE DRIVE ANACORTES WA 98221

6. 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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 38872

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : yes

Claimant

Timothy A Cooley
Print or Type Name

4987 SAMISH TERRACE
Address

BOW, WA 98232

360-766-6923
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

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.

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

Print Name Judy A Zavala

Notary Public in and for the State of WA

My appointment expires: 10-4-01

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.

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