

**After Recording Return To:**  
Michael M. Waller  
Zylstra Beekma & Waller, P.L.L.C.  
791 SE Barrington Drive  
Oak Harbor, Washington 98277



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**Kathy Hill, Skagit County Auditor**  
5/1/2000 Page 1 of 2 10:13:31AM

### CLAIM OF LIEN

**Grantor:** John R. Cox & Associates, L.L.C.  
**Grantee:** Marti, Christopher and Marti, Brenda, d/b/a Marti Foundations  
**Abbreviated Legal:** Lot 4 of Survey, Recorded 04/23/99, File No. 9904230058, a/k/a Portions of Lots 1,2 & 3, Blk. 1401, Northern Pacific Addition to Anacortes, Skagit County, Washington  
**Assessor's Tax Parcel No.:** 3809-401-010-0400

**Christopher Marti and Brenda Marti, d/b/a Marti Foundations, claimant, vs. John R. Cox & Associates, L.L.C.:**

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. **NAME OF LIEN CLAIMANT:**

**Christopher Marti and Brenda Marti, doing business as Marti Foundations.**

Telephone Number: **360-678-3557**  
Address: **PO Box 818**  
**Oak Harbor, Washington 98277**

2. **DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFITS CONTRIBUTIONS BECAME DUE:**

**January 27, 2000**

3. **NAME OF PERSON INDEBTED TO THE CLAIMANT :**

**John R. Cox & Associates, L.L.C.**

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

Address: **3918 Oaks Avenue, Anacortes, Skagit County, Washington**

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):

**John R. Cox & Associates, L.L.C.**

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:

**February 19, 2000**

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

**\$3,419.96**

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Claimant: **Christopher Marti and Brenda Marti, d/b/a Marti Foundations**  
Address: **PO Box 818**  
**Oak Harbor, Washington 98277**  
Phone No.: **360-678-3557**

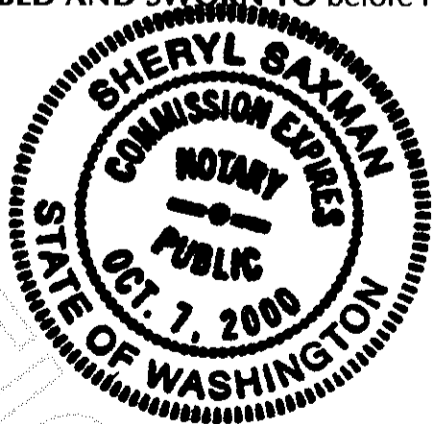
State of Washington )  
( ss.  
County of Island )

**Brenda Marti** being sworn, says: I am the claimant 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.

*Brenda Marti*

**Brenda Marti**

SUBSCRIBED AND SWORN TO before me this 28<sup>th</sup> day of April, 2000.



*Sheryl Saxman*

(Signature)

(Printed Name)  
**NOTARY PUBLIC**

My Appointment Expires: 10/07/2000

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File No. 00-0158



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**Kathy Hill, Skagit County Auditor**