



200107030091

Skagit County Auditor

7/3/2001 Page 1 of 2 3:31:25PM

Return Address:

John Michael Johnson DBA  
Western Financial Services  
6441 Sandpoint Way NE  
Seattle, WA 98115

### 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) \_\_\_\_\_ (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) \_\_\_\_\_ (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): \_\_\_\_\_ Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P112749 & P112752

John Michael Johnson DBA  
Western Financial Services } Claimant  
vs.  
Bo and Anita Bjurman }  
Name of person indebted to Claimant

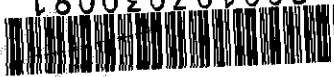
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: John Michael Johnson DBA Western Financial Services  
TELEPHONE NUMBER: 2063547601 ADDRESS: 6441 Sandpoint Way NE  
Seattle WA 98115
- 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: 5/10/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Bo and Anita Bjurman
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 1: Portion Lot 3 Short Plat#96-103AF#9801080064 in W 1/2 Government Lot 1 lying East of Highway 20, Lot 2 portion Lot 3 Short Plat# 9801080064 in 3 1/2 Government Lot 1 Skagit County, WA.
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Bo & Anita Bjurman  
TELEPHONE NUMBER: 3602999959 ADDRESS: 460 Almida Vista Place  
Anacortes WA 98221, mail address 1004 Commercial Ave PMB 131 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: 6/29/01





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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: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Print Name \_\_\_\_\_

*Judy Zarda*  
*WA*

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2001

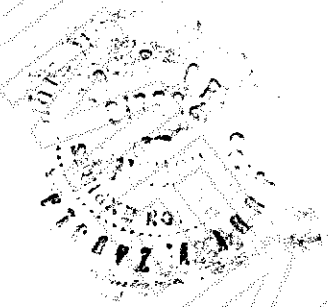
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

*John Michael Johnson*

County of \_\_\_\_\_

SS.

STATE OF WASHINGTON



Telephone Number \_\_\_\_\_

2063547601

Address \_\_\_\_\_  
Seattle WA 98115

Print or Type Name \_\_\_\_\_  
6441 Sandpoint Way NE

Claimant Financial Services  
John Michael Johnson DBA Western

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,125.00

FORM