



200206270133

Skagit County Auditor

6/27/2002 Page 1 of 2 4:24PM

Return Address:

John R. Cox + Associates LLC
PO Box 456
Anacortes, 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) Tom Smith (2) Susan Smith Add'l. on pg. _____Grantee(s) (Claimants): (1) John R. Cox + Assoc. LLC (2) _____ Add'l. on pg. _____Legal Description (abbreviated): Lot 62 Eagle Mount Phase 1A Add'l. legal is on page _____Assessor's Property Tax Parcel /Account # 104331John R. Cox + Assoc. LLC

Claimant

vs.

Tom + Susan Smith

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 R. Cox + Associates LLC
 TELEPHONE NUMBER: (360) 243-9426 ADDRESS: PO Box 456
Anacortes, WA 98221
- 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: June 5, 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Tom + Susan Smith
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1428 Alpine Drive / Lot 62 Eagle Mount Phase 1A
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Tom + Susan Smith
 TELEPHONE NUMBER: (360) 424-9487 ADDRESS: 1428 Alpine View Drive
Mount Vernon, WA 98241
- 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: June 15, 2002



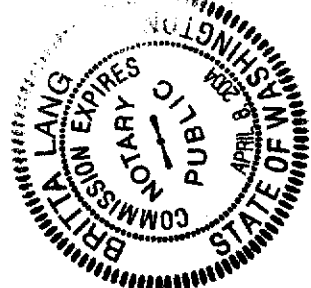
Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.



Date this 27th day of June 2002
Print Name Britta Lang
Notary Public in and for the State of Washington
My appointment expires: April 8, 2004

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 John R. Cox
Print or Type Name 902 8th Street
Address Anacortes, WA 98221
Telephone Number (360) 293-9426

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$43,854.85
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: