



200405140108

Skagit County Auditor

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2 11:36AM

Return Address:

Mary E. Jordan
 14464 State Route 9
 Mount Vernon, Wash. 98273

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>Alice Dee Petersen</u>	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) <u>Mary E Jordan</u>	(2)	Add'l. on pg
Legal Description (abbreviated): <u>XRef D 340414-3-005-009</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>Parcel # P24740 m/H only</u>		

Mary E Jordan } Claimant
 vs.
Alice Dee Petersen }
 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: Mary E. Jordan
 TELEPHONE NUMBER: _____ ADDRESS: 14464 State Route 9
Mount Vernon, Wash. 98273
- 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: 10/24/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Alice Dee Petersen
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Parcel # P24741
m/H only 813279 AB Shore 78 68x28 on P24740 R/P 340414-3-005-0009
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Alice Dee Petersen
 TELEPHONE NUMBER: _____ ADDRESS: 11223 A Jensen Lane
Burlington, WASH. 98233
- 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: 04/28/04



Claim of Lien
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Claim of Lien

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

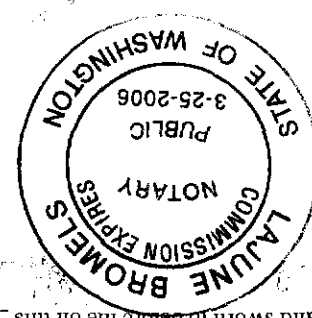
www.wallegallbank.com

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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: 3-25-2006 Notary Public in and for the State of WA

Print Name Lajune Bromels

Signed and sworn to before me on this 14th day of May 2004

under penalty of perjury. 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

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

STATE OF WASHINGTON } Skagit County of SS.

Telephone Number Claimant Mary E Jordan Print or Type Name 1446 State Route 9 Address Mount Vernon, WA 98273

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: approx. \$25,579.52 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Mary E Jordan