

Return Address:

JOHN R. COX & ASSOCIATES LLC
P.O. BOX 456
ANACORTES, WA 98221



200405190078
Skagit County Auditor

5/19/2004 Page 1 of 2 1:51PM

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 85.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) JAY HARTLAND (2) VERNESSA HARTLAND Add'l. on pg _____

Grantee(s) (Claimants): (1) JOHN R COX & ASSOCIATES LLC (2) _____ Add'l. on pg _____

Legal Description (abbreviated): LOT 93, "SKYLINE #93" 45 AC PLAT RECORDED IN Vol 9 of Plat Pg. 544-55 SKAGIT COUNTY WA Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P59198

JOHN R. COX & ASSOCIATES LLC }
Claimant
vs. }
JAY AND VERNESSA HARTLAND }
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:

1. NAME OF LIEN CLAIMANT: JOHN R. COX & ASSOCIATES LLC
TELEPHONE NUMBER (360) 293-9426 ADDRESS: P.O. BOX 456 ANACORTES, WA 98221
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: 7/22/03
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JAY AND VERNESSA HARTLAND
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): PARCEL # P59198 5100 HEATHER CT ANACORTES, WA 98221
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JAY & VERNESSA HARTLAND
TELEPHONE NUMBER: 707/336-6174 ADDRESS: 1989-7 PEABODY RD #101B 245 VACAVILLE, CA 95687
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: 5/14/2004

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 59,896.79
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: CLAIMANT IS THE ASSIGNEE OF THIS CLAIM

Claimant
JOHN RANDY COX / JOHN R. COX + ASSOCIATES LLC
 Print or Type Name
PO BOX 456
 Address
ANACORTES, WA 98021
(206) 293-9426
 Telephone Number

STATE OF WASHINGTON

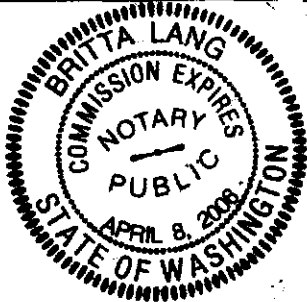
County of SKAGIT

SS.

JOHN RANDY COX, 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.

[Signature]

Date this 19th day of MAY



2004
[Signature]
 Print Name BRITTA LANG
 Notary Public in and for the State of WASHINGTON
 My appointment expires: 4/8/2008

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 CONTRIBUTION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED

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