200406110119
Skagit County Auditor
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Return Address:
James B. Scott
3601 West 5th Street
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) John R. Cox & Assoc. LLC (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) James B. Scott (2) _____ Add'l. on pg___

Legal Description (abbreviated): Lot 15E, 4695-000-015-0000 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P111753

James B. Scott
Claimant

vs.

John R. Cox & Assoc, LLC
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: James B. Scott
TELEPHONE NUMBER: 360-293-6094 ADDRESS: 3601 West 5th St
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: 2/19/04

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John R. Cox & Assoc. LLC

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 15E, 4314 Marine Heights Way, Anacortes, WA 98221
4695-000-015-0000

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John R. Cox & Assoc.
TELEPHONE NUMBER: 360-293-8426 ADDRESS: PO Box 456, Anacortes, WA

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: 3/23/04

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $601.97

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

James B Scott
Claimant

James B. Scott
Print or Type Name

3601 West 5th Street
Address

ANACORTES, WA 98221

360-293-6044
Telephone Number

STATE OF WASHINGTON)
) SS.
County of Skagit)

James B Scott, 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.

James B Scott

Signed and sworn to before me on this 11 day of June 2004.

MYALIA ANN ROWLAND
COMMISSION EXPIRES
NOTARY
PUBLIC
JULY 12, 2005
STATE OF WASHINGTON

Myalia Ann Rowland

Print Name Myalia Ann Rowland

Notary Public in and for the State of Washington

My appointment expires: July 12, 2005

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.

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