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Skagit County Auditor
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Return Address:

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) DG Bar Breeders/DG Bar Ranch (2) Tony DeGroot Add'l. on pg ___

Grantee(s) (Claimants): (1) Mary E Jordan (2) _____ Add'l. on pg ___

Legal Description (abbreviated): XRefID 340414-3-005-0009 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # Parcel # P24740

Mary E Jordan
Claimant

vs.

DG Bar Breeders/
DG Bar Ranch / Tony DeGroot
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: Mary E Jordan
TELEPHONE NUMBER: _____ ADDRESS: % 14464 State Route 9
Mount Vernon, Wa. 98273

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: 10/24/01

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DG Bar Breeders / DG Bar Ranch / Tony DeGroot

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 # P24740
XRefID 340414-3-005-0009 Sec. 14 Twsp 34 R. 4 14464 State Route 9
Mount Vernon, Wa. 98273 (1452 3R9)

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): DG Bar Breeders / DG Bar Ranch / Tony DeGroot
TELEPHONE NUMBER: _____ ADDRESS: 3012 Grangeville Blvd
Hanford, Calif. 93230

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: 6/17/04

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: Approx. #25,589.56

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : Mary E. Jordan

Mary E. Jordan
Claimant
Mary E. Jordan
Print or Type Name
c/o 14464 State Route 9
Address
Mount Vernon, Wa. 98273

Telephone Number

STATE OF WASHINGTON }
County of SKAGIT } ss.

MARY E JORDAN, 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.

Mary E. Jordan

Signed and sworn to before me on this 8th day of SEPTEMBER, 2004.

Harrilee A Behrbaum

HARRILEE A. BEHRBAUM NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 1-19-2008

Print Name HARRILEE A BEHRBAUM

Notary Public in and for the State of WA

My appointment expires: 1-19-2008

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 CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

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