

Return Address:



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Skagit County Auditor

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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): X Ref ID 340414-3-005-0009 Add'l. legal is on page

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

Mary E Jordan
Claimant
DG Bar Breeders /
vs.
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: 714464 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
X Ref ID 340414-3-005-0009 Sec 14 Twp 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
Manford, 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



Claim of Lien

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Claim of Lien

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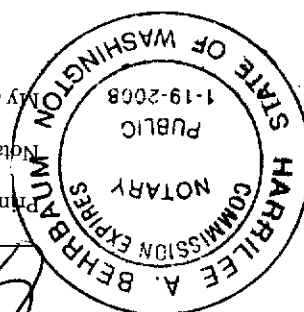
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name Harriette A. Behrman
Notary Public in and for the State of WA
My appointment expires: 1-19-2008

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

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

STATE OF WASHINGTON }
County of SKAGIT }
SS.

Telephone Number _____

Address Mount Lebanon, wa. 98273
Print or Type Name Mary E Jordan
City Mount Lebanon, wa. 98273

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