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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) _____ (2) _____ Add'l. on pg___

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

Legal Description (abbreviated): Lots 32-34 Bl 1 Hansers 2nd Add to Ana Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 3795-001-034-0001

Erin Yount
Claimant

vs.

Brenda Rowland
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: Erin E. Yount
TELEPHONE NUMBER: 360 293 0922 ADDRESS: 13987 Trafton Rd 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: December 2004

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Brenda Rowland

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1115 20th Street. Skagit County, Anacortes, WA 98221 Parcel ID #3795-001-034-0001

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Brenda Rowland
TELEPHONE NUMBER: 360 293 8163 ADDRESS: 1115 20th St. Anacortes, WA 98221

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: February 2005

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $3,000.00

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

Erin E. Yount
Claimant

Erin E. Yount
Print or Type Name

13987 Trafton Rd.
Address

Anacortes, WA 98221

360 293 0922
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Erin E. Yount, 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.

Erin E. Yount

Signed and sworn to before me on this 24 day of June 2005.

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-05

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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