



200608150209

Skagit County Auditor

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[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Claim of Lien

Date of this Document: 8-15-06

Reference Number of Any Related Documents: _____

Lienholder:

Name Julie K. AndersonStreet Address 900 WCity/State/Zip Sedro Woolley, WA 98284

Property Owner:

Name Marlene S. BrinkerhoffStreet Address 427 N. 4th St.City/State/Zip Mt. Vernon, WA 98273Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): PTN 6V LT 9 BEG 1395 FT N 30 FT W OF1/4 PST BTW SEC 19 & 20 TH W 118.32 FT TH N 60 FTE 118.32 TH S 60 FT TPBAssessor's Property Tax Parcel/Account Number(s): 026595State of: WashingtonCounty of: SkagitBefore me, the undersigned Notary Public, personally appeared Julie K. Anderson

(Lienor) who duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is

900 W. State St. Sedro Woolley WA 98284 and that inaccordance with a contract with Marlene S. Brinkerhoff (Debtor) lienor

furnished labor, services or materials consisting of (describe specially fabricated materials separately):

Loan for repairs to residence and business at427 N. 4th St. Mt. Vernon, WA 98273

on the following described real property in Skagit County County, State of Washington
(Describe real property sufficiently for identification, including street and number): 427 N. 4th Street, Mt. Vernon WA. 98273

owned by Marlene S. Brinkerhoff of a total value of \$18,769.08 Dollars (\$ 18,769.08) of which there remains unpaid \$18,769.08 Dollars (\$ 18,769.08), and furnished the first of the items on 8-16-99, 20 1999, and the last of the items on May 22, 2006, and (if the lien is claimed by one not in privity with the Owner) that the lienor served his or her notice to Owner on _____, 20____, by _____ (method of service).

And, (if required) that the lienor served copies of the notice on the contract on _____, 20____, by _____ (method of service), and on the subcontractor on _____, 20____, by _____ (method of service) and (if known) on the lender, on _____, 20____, by _____ (method of service).

Signed this 15th day of August, 2006.

Lienor: Julie K. Anderson

By (officer or Agent): _____

State of: Washington
County of: Skagit

On 8-15-06, before me, Kay Stoner, appeared Julie K. Anderson, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Kay Stoner
Signature of Notary

Affiant Known X Produced ID
Type of ID WA Drivers License
(Seal)



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