



200710100037

Skagit County Auditor

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Return Address:

M. LYNNE WILCOX  
480 S. E. ELY ST.  
OAK HARBOR, WA 98277

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) WILLIAMS WARREN C (2) WILLIAMS KATRINA Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) M. LYNNE WILCOX (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): ACREAGE ACCOUNT ACRES 31.04, Add'l. legal is on page 1

Assessor's Property Tax Parcel /Account # P119001

M. LYNNE WILCOX }  
Claimant  
WARREN/KATRINA WILLIAMS vs. }  
Name of person indebted to Claimant

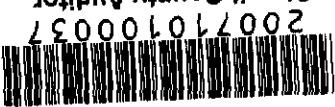
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: M. LYNNE WILCOX  
TELEPHONE NUMBER: 360-929-0757 ADDRESS: 480 SE ELY ST  
OAK HARBOR, WA 98277
- 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: OCT 1, 2007
- NAME OF PERSON INDEBTED TO THE CLAIMANT: WARREN/KATRINA WILLIAMS
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 22346 N. STARBIRD RD. MT. VERNON, WA
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): WARREN/KATRINA WILLIAMS  
TELEPHONE NUMBER: 425-314-3416 ADDRESS: 6817 20th DR NE  
TULALIP, WA 98271
- 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: 9-25-07





MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WITHOUT PERMISSION



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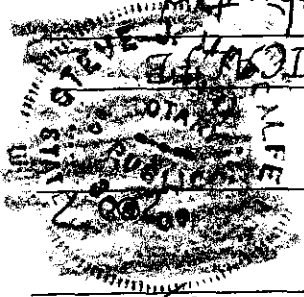
NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION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

My appointment expires: 2-9-2009

Notary Public in and for the State of Washington

Print Name

STEVE J. MERTON



Signed and sworn to before me on this

Day of

October

M. LYNNE WILCOX, 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.

SS. }

STATE OF WASHINGTON  
County of ISLAND

Print or Type Name M. LYNNE WILCOX  
Address 480 SE ELY ST, OAK HARBOR  
Telephone Number 360-929-0757  
WA 98277

Claimant M. Lynne Wilcox

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$15,200.00
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: SEVENTEEN THOUSAND TWO HUNDRED

M. Lynne Wilcox, Claimant  
Warren C/Katrina E. Williams, Owner  
Parcel # P119001

**Page 1 (attached to Claim of Lien)**

**Legal Description: Abbreviation**

**ACREAGE ACCOUNT, ACRES 31.04, O/S#5 AF#800393 1975 LOT 1  
SHORT PLAT#PL000744 AF#200203260117 A PORTION OF LOT 4  
SHORT PLAT#93-65 AF#9310010108 LOCATED IN SE1/4**



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