200910050093
Skagit County Auditor
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After recording, return to (Name, Address, Zip):

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): ERIC C. GRAHAM
Grantee (Claimant): LINDA K. GRAHAM
Abbreviated Legal Description: P64840
Assessor's Property Tax Parcel or Account No: 3768-001-002-0002
Reference No(s) of Related Documents: ---

LINDA K. GRAHAM

Claimant,

vs.

ERIC C. GRAHAM
Jody I. Graham
Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: LINDA K GRAHAM
   Telephone Number: 425 885 1890 Address: 16911 NE 95th ST Redmond WA 98052
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: loan of money began
3. Name of person indebted to the Claimant: ERIC C. GRAHAM & Jody I. ~~Graham~~ Graham
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 1201 S. 7th St. Mount Vernon WA 98273
   Lots 1 and 2 Block 1 ZINDORF'S First Addition to Mount Vernon
5. Name of the owner or reputed owner (If not known state "unknown"): Graham, ERIC C. and Jody I. Graham
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: money lent 10/2009

(OVER)

7. Principal amount for which the lien is claimed is: $ 28,000.00

8. If the Claimant is the assignee of this claim so state here: _____

Linda K. Graham
CLAIMANT

Linda K. GRAHAM
CLAIMANT'S NAME (TYPED OR PRINTED)

16911 NE 95th st
STREET ADDRESS

Redmond WA 98052 885-1890
CITY STATE ZIP PHONE

STATE OF WASHINGTON,
County of _____ } ss.

Linda K. Graham, 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.

JUDY Y. ZAVALA NOTARY PUBLIC STATE OF WA COMMISSION EXPIRES OCTOBER 1,

SIGNED AND SWORN TO before me on October 5 2009

Notary Public for Washington
My appointment expires 10-1-2013

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