

After Recording, Return to,  
Franklin Recovery Services  
PO Box 12085  
Mill Creek, WA 98082



201005270013  
Skagit County Auditor

5/27/2010 Page 1 of 3 9:27AM

OWNER: James C. Cloer

CLAIMANT: Franklin Recovery Services

LEGAL DESCRIPTION: SUNRISE ADD TO CONCRETE N 120FT OF W 235FT OF E 320FT LT  
13

ASSESSORS TAX PARCEL ID-NO: P70897

Franklin Recovery Services,  
Claimant,

James C. Cloer  
Person Indebted to Claimant,

## CLAIM OF LIEN

NOTICE IS HEREBY GIVEN that the person named below claims a lien pursuant to 60.04, RCW. In support of this lien, the following information is submitted.

1. NAME OF LIEN CLAIMANT: Franklin Recovery Services  
TELEPHONE NUMBER: 800-610-5449  
ADDRESS: PO Box 12085 Mill Creek, Washington 98082  
NAME OF OWNER/REPUTED OWNER: James C Cloer  
ADDRESS: P.O. Box 64 Concrete, Washington 98237

2. DATE ON WHICH THE COURT AWARDED DEFAULT JUDGMENT AND WRIT OF

UNOFFICIAL DOCUMENT

RESTITUTION **01-2-08206-8**, AND THE DEFAULT JUDGMENT AND WRIT OF  
RESTITUTION AMOUNT BECAME DUE:

September 25, 2001

NAME OF PERSON(S) INDEBTED TO THE CLAIMANT:

James C. Cloer

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

(Street address, legal description or other information that will reasonably describe the property):

45194 Cedar Street Concrete, Washington 98237

Parcel Number P70897

Parcel Legal Description:

SUNRISE ADD TO CONCRETE N 120FT OF W 235FT OF E 320FT LT 13

3. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$ 915.75

Plus interest of 12% from the date of judgment to the date of satisfaction, lien fee, and additional investigation costs.

Lien Fee: \$64.00  
Investigation Fee: \$35.00

Franklin Recovery Services

By:



David R. Best  
Director, Recovery Services  
800-610-5449  
PO Box 12085  
Mill Creek, WA 98082



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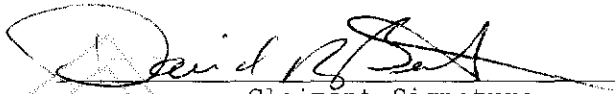
5/27/2010 Page 2 of 3 9:27AM

**NOTARY PUBLIC:**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SNOHOMISH )

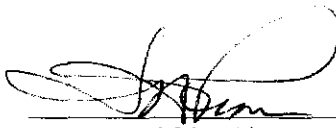
DAVID R. BEST, being first duly sworn on oath, deposes and says:

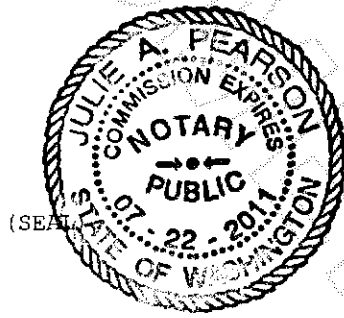
I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of the employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

  
Claimant Signature  
For: Franklin Recovery Services

SUBSCRIBED AND SWORN to before me by David R. Best on this 25<sup>th</sup>  
day of May, 2010.

WITNESS my hand and official seal.

  
Notary Public Signature  
Julie A. Pearson  
Printed



Commission Expires  
7-22-2011



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