



201301160092

Skagit County Auditor

After recording, return to (Name, Address, Zip):

Maureen M. Pell
135 N.E. Barron Drive Apt C203
Oak Harbor, Wa. 98277

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Leah Kincaid
Grantee (Claimant): Maureen M Pell
Abbreviated Legal Description: Lots 7-10 Bl 68 Burlington
Assessor's Property Tax Parcel or Account No: P1763
Reference No(s) of Related Documents:

Maureen M Pell
Claimant,
vs. Leah Kincaid
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: Maureen M Pell
Telephone Number: 360-720-2231 Address: 135 N.E. Barron Dr. Apt C203
Oak Harbor Wa 98277
- 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: 1999 or 2000
- 3. Name of person indebted to the Claimant: Leah Kincaid
- 4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 400 S Anacortes St Burlington Wa. In Green house on corner has 4.50 sq ft. Hon Sign 1-877-739-707 Ben/Kenny Agent & Bank of Mr. Beardon
- 5. Name of the owner or reputed owner (If not known state "unknown"): Leah Kincaid 1-206-779-9751
A \$200 judgement was awarded to me, but since no communication - house looks empty!?
- 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: She was Buyer agent & claimed buyer needed \$880 to close their and, said I would get my money at my closing (OVER)

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Notary Public for Washington
My appointment expires

such party for the uses and purposes mentioned in the instrument.
DATED

and acknowledged it as the
acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument
is the individual who appeared before me, and who
I certify that I know or have satisfactory evidence that
STATE OF WASHINGTON, County of

behalf of a business entity:
If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on

Notary Public for Washington
My appointment expires

for the uses and purposes mentioned in the instrument.
DATED
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act

I certify that I know or have satisfactory evidence that
STATE OF WASHINGTON, County of
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:
NOTE: Whether or whether one of the following additional notarial certificates should be completed. See Williams v. Athletic
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010).

Notary Public for Washington
My appointment expires

SIGNED AND SWORN TO before me on January 16, 2013

excessive under penalty of perjury.
to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly
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

being sworn, says: I am the
STATE OF WASHINGTON, County of Skagit
CLAIMANT'S NAME (TYPED OR PRINTED)
Maureen M Bell
Maureen M Bell
135 NE Barton Dr Apt C603
Oak Harbor WA, 98277
CITY STATE ZIP PHONE
1-360-730-8831

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

7. Principal amount for which the lien is claimed is: 5800.00

