201403310228
Skagit County Auditor $73.00
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After recording, return to (Name, Address, Zip):

John L. Milholland, Jr.
PO Box 837
Sedro Woolley, WA 98284

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Cynthia S. Milholland
Grantee (Claimant): John L. Milholland, Jr.
Abbreviated Legal Description: Elk Run Estates, Lot 5, Acres 0.30
Assessor's Property Tax Parcel or Account No: P105049 4619-000-005-004
Reference No(s) of Related Documents:

John L. Milholland, Jr.,
Claimant,

vs.

Cynthia S. Milholland,
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: John L. Milholland, Jr.
Telephone Number: 360-661-6217 Address: PO Box 837
Sedro Woolley, WA 98284

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: 05/22/2007

3. Name of person indebted to the Claimant: Cynthia S. Milholland

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 610 Shiloh Ln.
Sedro Woolley, WA 98284; Elk Run Estates, Lot 5, Acres 0.30

5. Name of the owner or reputed owner (If not known state "unknown"):
Cynthia S. Milholland

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: 04/04/2011

(OVER)

7. Principal amount for which the lien is claimed is: $42,250.00 Per Verbal Contract

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

John L Millholland

CLAIMANT

PO Box 837

STREET ADDRESS

John L. Millholland, Jr.

CLAIMANT'S NAME (TYPED OR PRINTED)

Sedro Woolley, WA 98284 360-661-6217

CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of _____) ss.

_____, 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.

RONALD KLLOGJERI NOTARY PUBLIC COMMISSION EXPIRES 6-21-2016 STATE OF WASHINGTON

SIGNED AND SWORN TO before me on 3-31-2014

RONALD KLLOGJERI

Notary Public for Washington

My appointment expires 6-21-2016

NOTE: Consider 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).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED _____.

_____

Notary Public for Washington

My appointment expires _____

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 behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED _____.

_____

Notary Public for Washington

My appointment expires _____

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