201405020051
Skagit County Auditor $73.00
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After recording, return to (Name, Address, Zip):
Virginia M. Holt
1809 Tundra Loop
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Donna M. Holt
Grantee (Claimant): Virginia M. Holt
Abbreviated Legal Description: Rosewood PUD#1, Lot 52
Assessor's Property Tax Parcel or Account No: P116489
Reference No(s) of Related Documents: Attachment A

Virginia M. Holt,
Claimant,

vs.

Donna M. Holt,
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: Virginia M. Holt
Telephone Number: 360.424.7913 Address: 1809 Tundra Loop, Mount Vernon, WA 98273

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: August 2004

3. Name of person indebted to the Claimant: Donna M. Holt

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 2711 Arbor Street, Mount Vernon, WA 98273
Parcel: P116489, Legal Description: Rosewood PUD #1, Lot 52

5. Name of the owner or reputed owner (If not known state "unknown"): Donna M. Holt

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: December 2009

(OVER)

7. Principal amount for which the lien is claimed is: $37,450.28

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

Virginia M. Holt — CLAIMANT

1809 Tundra Loop — STREET ADDRESS

Virginia M. Holt — CLAIMANT'S NAME (TYPED OR PRINTED)

Mount Vernon, WA 98273 — CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of SKAGIT) ss.

VIRGINIA M Holt, 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.

Virginia M. Holt

SIGNED AND SWORN TO before me on April 17, 2014

ANDREA J. MARTIN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-10-15

Notary Public for Washington

My appointment expires 10-10-15

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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