201405120181
Skagit County Auditor $73.00
5/12/2014 Page 1 of 2 2:18PM
201404100067
Skagit County Auditor $73.00
4/10/2014 Page 1 of 2 3:52PM

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

RE-RECORD TO CORRECT AMOUNT ON PAGE 2

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): STUART HILL
Grantee (Claimant): GARY EUGENE WARNOCK
Abbreviated Legal Description: LOT 163 CASCADE RIVER PARK #1 MARBLEMOUNT, WA
Assessor's Property Tax Parcel or Account No: 3871-000-163-0003
Reference No(s) of Related Documents:

GARY EUGENE WARNOCK,
Claimant,

vs.

STUART HILL,
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: GARY EUGENE WARNOCK
Telephone Number: 360-595-4727 Address: 1410 15TH ST ANACORTES, WA 98221

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:

3. Name of person indebted to the Claimant: STUART HILL

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property):
PARCEL # 3871-000-163-0003

5. Name of the owner or reputed owner (If not known state "unknown"): STUART HILL

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: 2 FEB 6, 2014

(OVER)

7. Principal amount for which the lien is claimed is: ~~$12,805.65~~ $4072.77 GW

8. If the Claimant is the assignee of this claim so state here: NO

Mary Eugene Warnock
CLAIMANT

1410 - 15TH ST
STREET ADDRESS

GARY EUGENE WARNOCK
CLAIMANT'S NAME (TYPED OR PRINTED)

ANACORTES, WA 98221 360-588-4727
CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit) ss.

Gary Eugene Warnock, 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.

Mary Eugene Warnock

SIGNED AND SWORN TO before me on April 10th, 2014

TOM KUZMAN
COMMISSION EXPIRES
NOTARY PUBLIC
04-16-2017
STATE OF WASHINGTON

Notary Public for Washington
My appointment expires 4/16/2017

NOTE: Complete 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 _____