

UNRECORDED



After recording, return to (Name, Address, Zip):  
James E Ross  
26024 Walker Valley Road  
Mount Vernon WA 98274

<b>CLAIM OF LIEN</b>
Grantor (Name of person indebted to Claimant): James E Ross
Grantee (Claimant): Valerie A. Ross
Abbreviated Legal Description: 22648 NORTH STARBIRD Road
Assessor's Property Tax Parcel or Account No: P116183
Reference No(s) of Related Documents: Lot 2 of SHAT Plat 97-003B

James E Ross  
Claimant,  
vs.  
Valerie A Ross  
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:

- Name of Lien Claimant: James E Ross  
Telephone Number: 360 202 9973 Address: 26024 Walker Valley Road Mount Vernon WA 98274
- 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: Loan May 29, 1999
- Name of person indebted to the Claimant: Valerie A Ross
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 22648 NORTH STARBIRD Road Mount Vernon WA 98274
- Name of the owner or reputed owner (If not known state "unknown"): Valerie A Ross
- 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: Money loaned May 29, 1999

(OVER)

UNRECORDED

201502130047



Notary Public for Washington My appointment expires

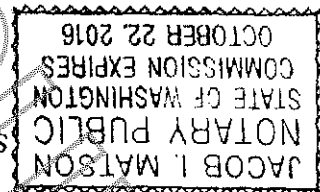
DATE DATED such party for the uses and purposes mentioned in the instrument. and acknowledged it as the acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument is the individual who appeared before me, and who I certify that I know or have satisfactory evidence that STATE OF WASHINGTON, County of ) ss. 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:

Notary Public for Washington My appointment expires

DATE DATED for the uses and purposes mentioned in the instrument. acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act is/are the individual(s) who appeared before me, and who I certify that I know or have satisfactory evidence that STATE OF WASHINGTON, County of ) ss. If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

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).

Notary Public for Washington My appointment expires 10/22/2016



SIGNED AND SWORN TO before me on 2/13/2015 Jacob I. Matson

claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

STATE OF WASHINGTON, County of SKAGIT James E Ross ) ss. CLAIMANT'S NAME (TYPED OR PRINTED)

James E Ross CLAIMANT 2602 Walker Valley Road STREET ADDRESS Mount Vernon WA 98274-3002-9973 CITY STATE ZIP PHONE

8. If the Claimant is the assignee of this claim so state here: James E Ross 7. Principal amount for which the lien is claimed is: \$ 66,000.00