



201502260045

Skagit County Auditor \$73.00
2/26/2015 Page 1 of 2 12:51PM

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

Marla Jones (Trustee)
1304 Woodland Drive
Mount Vernon, WA. 98274

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Franklin & Marla Jones
Grantee (Claimant): Brandon Watson special needs irrevocable trust
Abbreviated Legal Description: (0.160ac) Lot 25, Patches 1st to Mount Vernon, recorded in Vol. 6 of plats, page 1, see
Assessor's Property Tax Parcel or Account No. Prop ID: 54093, Geo Parcel ID: 3751-000-025-0006
Reference No(s) of Related Documents:

Brandon Watson's Special needs irrevocable trust
Marla Jones (trustee)
Claimant,
vs.
Franklin D. Jones Jr
Marla J. Jones
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: Marla Jones (trustee) for Brandon Watson special needs irrevocable trust
Telephone Number: (360) 424-8538 Address: 1304 Woodland Drive
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: February 20, 2014
- Name of person indebted to the Claimant: Franklin D. Jones & Marla J. Jones
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 1413 E. Fowler Mount Vernon, WA. 98273
(0.1700ac) Lot 25, Patches 1st to Mount Vernon, recorded in volume 6 of plats, page 1, records of Skagit
- Name of the owner or reputed owner (If not known state "unknown"): Franklin D. Jones Jr & Marla J. Jones
- 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: April 15, 2014

(OVER)



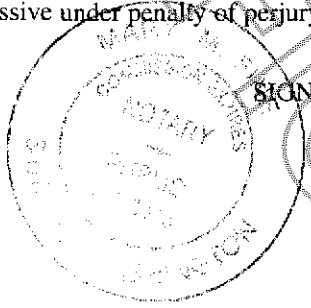
7. Principal amount for which the lien is claimed is: \$ 32,789.²¹ (25,000 Down payment, 7789¹⁹ in repairs)

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

Maria Jones
CLAIMANT
Maria Jones (Trustee)
CLAIMANT'S NAME (TYPED OR PRINTED)
STATE OF WASHINGTON, County of Skagit) ss.
Maria Jones

1304 Woodland Drive
STREET ADDRESS
Mount Vernon, WA 98274
CITY STATE ZIP PHONE
(360) 424-8888

_____, 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.



Maria Jones
SIGNED AND SWORN TO before me on FEB 26, 2015

Mary Ann
Notary Public for Washington
My appointment expires 8-9-15

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 _____

