| RETURN ADDRESS: | 199912130196 Kathy Hill, Skagit County Auditor 12/13/1999 Page 1 of 2 4:06:58P |
|---|--|
| | LAIM OF LIEN |
| | |
| Claimant (Grantee): | MattBarkley MattBarkley Cabinets |
| Person or Company Indebted to Claimant (Grantor): | Ron Entriken/Shelter Cove Constr. |
| Abbreviated Legal Description (e.g. *Lot 1, Block 2,): | <u>Lo+3</u> |
| •// | Shamrock Place asperplat recorded in Volume 7 of |
| Assessor's Property Tax Parcel/Account No.: | plats 3 +4, records of 5kg!+ |
| · . | P112947 |
| Notice is hereby given the RCW ch. 60.04. In support of the | at the person named below claims a Lien pursuant to is Lien, the following information is submitted. |

Notice is hereby given that the person named below claims a Lien pursuant to CW ch. 60.04. In support of this Lien, the following information is submitted.

1. Name of Lien Claimant:

Telephone Number:

Address:

POBOX 280 | 323 E | Report of this Lien, the following information is submitted.

MAH-Ba(Kley) MaH-Ba(Kley)

Sand-Ba(Kley) Ma

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:

10-6-99

| Name of person or contractor indebted to claimant: | | |
|--|--|--|
| Ron Entriten Shelter Cove Constr. | | |
| 4 Description of the property against which a Lien is claimed (street address, legal | | |
| description or other information that will reasonably describe the property): | | |
| 5 Lot 3 | | |
| Shamrock Place as per plat recorded in | | |
| Volume 7 of plats 344, records of skast | | |
| 5. Name of the owner or reputed owner (if not known state "unknown"): | | |
| Ron Entriken Shelter Cove Constr. | | |
| 6. The last date on which labor was performed; professional services were furnished; | | |
| contributions to an employee benefit plan were due; or material, or equipment was furnished: | | |
| . <u>12-7-99</u> | | |
| 7. Principal amount for which the Lien is claimed is: \$ 10,001.69 | | |
| 8. If the claimant is the assignee of this claim so state here: | | |
| No No | | |
| ☐ Yes. State name of Assignor: | | |
| | | |
| STATE OF WASHINGTON) | | |
|) ss. | | |
| COUNTY OF Staget | | |
| Scray Barkley, being sworn, says: I am the claimant 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 lish is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury. | | |
| | | |
| Jernole Berry | | |
| Claimani | | |
| SUBSCRIBED AND SWORN TO before me this 3 day of Lecember 1999. | | |
| | | |
| The same of the sa | | |
| TARY Frint name: I Nova 6 1 (Acid) | | |
| OTARY PUBLIC in and for the State of Washington; | | |
| PUBLIC Sesiding at: AUNIMITY | | |
| 10-1-02 My commission expires: 10-1-02 | | |

| 7 2 7 2 1 2 1 3 0 1 9 6 | Kathy Hill, Skagit County Auditor | 13/1999 Page 2 of 2 4:06-58PM