



200009260043
Skagit County Auditor
9/26/2000 Page 1 of 2 10:50:42AM

Return Address:

J.C's Cascade Gutter Service Inc.
10624 District Line Rd
Burlington, WA 98233

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) Mark & Bonny Root (2) Add'l. on pg

Grantee(s) (Claimants): (1) J.C's Cascade Gutter Svc(2) Add'l. on pg

Legal Description (abbreviated): Lot 22 Marine Heights Plat Add'l. legal is on page

Assessor's Property Tax Parcel /Account # 4695-000-032-0000 P111760

J.C's Cascade Gutter Service

Claimant

vs.

Mark & Bonny Root

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: J.C's Cascade Gutter Service Inc.
TELEPHONE NUMBER: 360 757-1200 ADDRESS: 10624 District Line Rd
Burlington, WA 98233
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 9, 2000
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Mark & Bonny Root
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 4214 Marine Heights Way, Anacortes, WA 98221
Legal: Lot 22 Marine Heights Plat
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Mark & Bonny Root
TELEPHONE NUMBER: 360-293-3255 ADDRESS: 4214 Marine Heights Way
Anacortes, WA 98221
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: August 9, 2000



Claim of Lien

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,286.64
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: - N/A -

Claimant J.C.S. Cascade Gutter Service Inc.
Print or Type Name Cheryl Calhoun, Secretary
Address 10624 District - Line Rd
Burlington, WA 98233
Telephone Number 360 757-1004

STATE OF WASHINGTON
County of Skagit
SS. }

Cheryl Calhoun
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.

Signed and sworn to before me on this 26th day of September 2000
Cheryl Calhoun, Secretary

Print Name Cheryl Calhoun
Notary Public in and for the State of WA
My appointment expires: 10-1-01

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.