200101100157
, Skagit County Auditor
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Return Address:
J.C's Cascade Gutter Service
10624 District Line Road
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) Dan & Deborah Boffey (2) _____ Add'l. on pg___

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

Legal Description (abbreviated): Plat of Marine Heights Lot 3 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P111741

J.C's Cascade Gutter Service
Claimant

vs.

Dan & Deborah Boffey
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: JC's Cascade Gutter Service
TELEPHONE NUMBER: 360-757-1004 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: January 9, 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Dan Boffey

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Plat of Marine Heights Lot 3; 4405 Marine Heights, Anacortes WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Dan Boffey
TELEPHONE NUMBER: 360-422-6805 ADDRESS: 16112 Mount View Rd Mount Vernon, WA 98274

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: January 9, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1,137.29

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : - N/A -

J.C's Cascade Gutter Service
Claimant

Cheryl Calhoun, Secretary
Print or Type Name

10624 District Line Rd
Address

Burlington, WA 98233

360-757-1004
Telephone Number

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.

Cheryl h. Calhoun

Signed and sworn to before me on this 10 day of January 2001.

Judy Y. Zavala

Print Name Judy Y. Zavala

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.

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