

200109280104
Skagit County Auditor
9/28/2001 Page 1 of 2 11:58:33AM

RETURN ADDRESS:
CASCADE GUTTER SERVICE INC.
P.O. BOX 151
BURLINGTON, WA 98233

CLAIM OF LIEN

Cascade Gutter Service

Claimant

Vs.

Joey & Sarah Anderson

Person Indebted to Claimant

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

Grantor(s)(Owner): Joey & Sarah Anderson

Grantee(s) (Claimants): J.C.'s Cascade Gutter Service DbA: Cascade Gutter Service

Legal Description (abbreviated): Lot 3 of Short Plat #99-0030 in Section 10 Township 34 Range 4

Assessor's Property Tax Parcel/Account #: P116650 340410-2-009-0300

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: **Cascade Gutter Service, Inc.**

Address: 10624 District Line Road, Burlington, WA 98233

Telephone Number: 360-757-1004

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:

Tuesday, August 28, 2001.

Name of the person indebted to the claimant: Joey & Sarah Anderson

Description of the property against which a lien is claimed:

Commonly known as: 13290 Signe Road, Mount Vernon, WA 98273, Skagit County Washington

Legally described as: Lot 3 of Short Plat #99-0030 in Section 10 Township 34 Range 4
Located in the SW quarter of the NW quarter

Name of the Owner or reputed owner: Joey & Sarah Anderson

Address: 13290 Signe Road, Mount Vernon, WA 98273

Telephone Number: 360-424-7051

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: Tuesday, August 28, 2001.

Principal amount for which the lien is claimed is: \$749.21

The Total amount claimed: \$797.71, which includes lien fees in the amount of \$40.00 and finance charges of \$8.50. Interest will accrue at the rate of 1.5% monthly until paid.

Cheryl Calhoun

Agent for Claimant

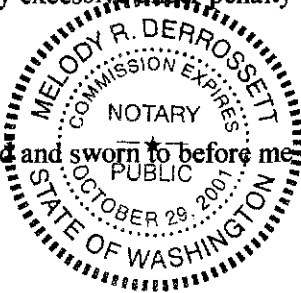
STATE OF WASHINGTON

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) for CASCADE GUTTER SERVICE, INC. above named; I have read or heard the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the 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



Cheryl Calhoun

28th day of September, 2001

Melody R. Derrossett

Print Name Melody R. Derrossett

Notary Public in and for the State of Washington

My appointment expires: 10-29-2001

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.



200109280104

, Skagit County Auditor