



200111070038

Skagit County Auditor

11/7/2001 Page 1 of 2 10:03:15AM

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

## CLAIM OF LIEN

Cascade Gutter Service

Claimant

Vs.

Evergreen Apt. Association

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): Evergreen Apt. Association

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

Legal Description (abbreviated): Track 1 of Short Plat CON-89-01

Assessor's Property Tax Parcel/Account #: P70890 4064-000-012-001

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:

**Friday, October 5, 2001.**

Name of the person indebted to the claimant: Evergreen Apt. Association

Description of the property against which a lien is claimed:

Commonly known as: 7649 Rietze, Concrete, WA 98237, Skagit County Washington

Legally described as: Track 1 of Short Plat CON-89-01 Section 10 Township 35, Range 8

Name of the Owner or reputed owner: Evergreen Apt. Association

Address: c/o Coast Management Real Estate Services

P.O. Box 1709, Everett, WA 98206

Telephone Number: 425-339-3638

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: Monday October 8, 2001.

Principal amount for which the lien is claimed is: \$3,773.00

The Total amount claimed: \$3,857.66, which includes lien fees in the amount of \$40.00 and finance charges of \$44.66. 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

7

day of

November 2001

Print Name

Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-05

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.



200111070038

, Skagit County Auditor