



200211130104
Skagit County Auditor
11/13/2002 Page 1 of 2 11:42AM

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

CLAIM OF LIEN

Cascade Gutter Service

Claimant

Vs.

James Young

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): **James Young, Shayla Martin Young and Judith Martin Rollin**

Grantee(s) (Claimants): **Cascade Gutter Service**

Legal Description (abbreviated): **W of the NW and the SW of the NW west of the county road**

Assessor's Property Tax Parcel/Account #: **P84323** **5100-002-326-0000**

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:

Saturday, September 7, 2002.

Name of the person indebted to the claimant: **James Young**

Description of the property against which a lien is claimed:

Commonly known as: 326 Snohomish Dr., La Conner, WA 98257, Skagit County Washington

Legally described as: Tax ID # 5100-002-326-0000

Name of the Owner or reputed owner: James Young, Shayla Martin Young and Judith Martin Rollin

Address: 326 Snohomish Drive, La Conner, WA 98257

Telephone Number: 360-466-3960

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: Saturday, September 7, 2002.

Principal amount for which the lien is claimed is: \$54.17

The Total amount claimed: \$107.81, which includes lien fees in the amount of \$50.00 and finance charges of \$3.64. 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

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day of

November 2002

Print Name

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.



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