



200409230085

Skagit County Auditor

9/23/2004 Page

1 of

2 1:11PM

**RETURN ADDRESS:**

**CASCADE GUTTER SERVICE INC.  
P.O. BOX 151  
BURLINGTON, WA 98233**

## **CLAIM OF LIEN**

**Cascade Gutter Service**

**Claimant**

**Vs.**

**William & Phyllis Robillard**

**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): **William & Phyllis Robillard**

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

Legal Description (abbreviated): **Skyline No 8 Lot 14**

Assessor's Property Tax Parcel/Account #: **P59670, 3824-000-014-0002**

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: **Monday, September 13, 2004.**

Name of the person indebted to the claimant: **William & Phyllis Robillard**

Description of the property against which a lien is claimed:

Commonly known as: **5101 Kingsway, Anacortes, Skagit County Washington**

Legally described as: **Skyline No 8 Lot 14**

Name of the Owner or reputed owner: William & Phyllis Robillard  
Address: 5205 Sterling Drive, Anacortes, WA 98221  
Telephone Number: 360-293-4885

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, September 13, 2004.

Principal amount for which the lien is claimed is: \$695.96

The Total amount claimed: \$772.14, which includes lien fees in the amount of \$70.00 and finance charges of \$6.18. 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

23

day of

September 2004

Print Name

Judy Zarka

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.



Skagit County Auditor

9/23/2004 Page

2 of

2 1:11PM