After recording return to: Frontier Building Supply Attn: Patricia Bickley 909 26<sup>th</sup> Street Anacortes, WA 98221



## **CLAIM OF LIEN**

	erty is being liened): Parrish Family Lug Trust	
wnose prop		
Grantee (Na	me of lien claimant): Frontier Building Supply	
Abbreviated Legal Description <u>Lot 3 S/P # 95-023 AF# 95/22/0032</u>		
	roperty Tax  Sect 28 Township 35 Range 9  unt No.:  P108011	
Assessor's Property Tax Sect 28 Township 35 Range 9		
Parcel/Accor	unt No.: P108011	
Notic	ce is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.04.	
In Support of	this Lien, the following information is submitted.	
1.	Name of Lien Claimant: Frontier Building Supply	
	Address: 909 26th Street, Anacortes, WA 98221	
	Telephone Number: (360) 293-4595	
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:	
	8/9/04	
3,	Name of person or contractor indebted to claimant:	
	Wayne "Kevin" Jarmen	
4.	Description of the property against which a Lien is claimed (street address, legal	
	description or other information that will reasonably describe the property):	
	50288 Sauk Valley	
	<u>Concreta WA</u>	
<i>5</i> .	Name of the owner or reputed owner (if not known state "unknown"):	
	Harrish family Living Trust	
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:	
	1-15-07	
	00000	
7.	Principal amount for which the Lien is claimed is: \$ 989376	

CLAIMANT'S ATTESTATION  STATE OF WASHINGTON ) COUNTY OF Skagif )	
CLAIMANT'S ATTESTATION  STATE OF WASHINGTON ) SS.  COUNTY OF Skagif )	
STATE OF WASHINGTON )  COUNTY OF <u>Skagit</u> )	
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COUNTY OF Skagit )ss.	
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	nt or a
person authorized to act on behalf of the claimant. I have read or heard the foregoing claim, read a know the contents thereof, and believe the same to be true and correct and that the claim of lien is frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury	not
Name and Title of Person Signing for Cl	laimant
ACKNOWLEDGMENT OF INDIVIDUAL CLAIMANT'S SIGNATURE	
On this day personally appeared before me to me known to be the	
individual, or individuals described in and who executed the foregoing instrument, and acknowled	
the above claimant or person signing for said claimant signed the same as his or her free and volu and deed, for the uses and purposes therein mentioned. Given under my hand and official seal	ntary act
this day of ,20	
Printed Name:	
NOTARY PUBLIC in and for the State of Wash	nington
Residing at:	
My commission expires:	
ACKNOWLEDGMENT OF	
CORPORATE CLAIMANT'S SIGNATURE	
On this 37th day of War ,2007, before me personally	
appeared , to me known to be the (president, vice presisecretary, treasurer, or other authorized officer or agent, as the case may be) of the corporation that	
executed the within and foregoing instrument, and acknowledged said instrument to be the free ar	
voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on or	
stated that he or she was authorized to execute said instrument and that any seal affixed hereto is	the
corporate seal of said corporation.	c <sub>i,</sub>
T 2: 1 CT1 1 1 1 1 CC 1 CC 1 1 1/1 3/1 3/1 3/1	
In witness whereof I have hereunto set my hand and affixed my official seal this day.  (Signature and title of officer with place of residence of notary public)	N N
In witness whereof I have hereunto set my hand and affixed my official seal this day.  (Signature and title of officer with place of residence of notary public).	
(Signature and title of officer with place of residence of notary public).	
(Signature and title of officer with place of residence of notary public).  Printed Name: VIST I HISTORY	
(Signature and title of officer with place of residence of notary public).  Printed Name: VICTOR NOTARY PUBLIC in and for the State of Wash	nington
(Signature and title of officer with place of residence of notary public).  Printed Name: VISTI THISHOUR	hington

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