Friedty Krin Staddard 516 O Ave Adacortes, WA L 98221 J



**Skagit County Auditor** 

6/9/2008 Page

1 of

2 9:51AM

Claim of Lien
Date of this Document: 4th 12008
Reference Number of Any Related Documents:
Name Street Address  Street Address
City/State/Zip Ama contes WA. 98221
Name Street Address City/State/Zip Aua Coxtes . WA 48221
Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name):    HOUSE   2nd house   From 100   100
Assessor's Property Tax Parcel/Account Number(s): P55327
State of: Washin stan  County of: Chagitt
Before me, the undersigned Notary Public, personally appeared
accordance with a contract with

Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

on the following described real property in	Skazitt	County, State of
street and number):	(Describe real propert	y sufficiently for identification, including
street and number): House Cop	ated at 57	6 BAVE,
ANACONS, WA 18	721	
		owned
by Kendy Chick		of a
remains unpaid 5/8 ty June 24	Dollars (\$	of which there
furnished the first of the items on	ive 4	, 2008, and the last of the items on
June 9 2005 ar	nd (if the lien is claimed by or	ne not in privity with the Owner) that the
lienor served his or her notice to Owner on	Tyre 9	, 20 <u>&amp;</u>
by income	Stockhars	
(method of service).		<del>-</del>
And, (if required) that the lienor served copies of	if the notice on the contract o	an
20, by on the subcontractor on	20, by	(sate 2 or on the app and
(method of service) and (if known) on the lender	r, on	, 20,
by		(method of service).
Signed this	T. 20	30 <b>AS</b>
Signed thisday of	27,7)	, 20_68
Lienor: Tund		
By (officer or Agent):	- <u> </u>	<del></del>
	The same of the sa	
State of: Was 4 in Jon		
County of: Skasite		and the second
On <u>June</u> 9,2008	efore me, limothe	K Sto-Idavd
On <u>June</u> 9, 2008 be appeared <u>At Treasuver's</u> to me on the basis of satisfactory evidence) to the same of the basis of satisfactory evidence.	the person(s) whose name	personally known to me (or proved
instrument and acknowledged to me that he/sh	e/they executed the same in	his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the inst	rument the person(s), or the	entity upon behalf of which the
person(s) acted, executed the instrument.		
WITNESS my hand and official seal.	THE TOWN THE PARTY OF THE PARTY	
	- Sammuni	'',
Clara Gato		
Signature of Notary 4-10-2012  A Par	(a garage	
T. OOIL	18 / 1M/ E	
AffiantKnown Produced ID		Ē ŠM
Type of ID Island Dr Liceuse	ONZO	*
(Seal)		