



200811040054

Skagit County Auditor

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RETURN ADDRESS:

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

CLAIM OF LIEN

Cascade Gutter Service

Claimant

Vs.

Scott Hendrickson

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): **Scott Hendrickson**

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

Legal Description (abbreviated): **Montborne, Lot 1, Block 42**

Assessor's Property Tax Parcel/Account #: **P74673, 4135-042-001-0100**

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, September 26, 2008.**

Name of the person indebted to the claimant: **Scott Hendrickson**

Description of the property against which a lien is claimed:

Commonly known as: **18452 S. West View Road, Mount Vernon, WA Skagit County Washington**

Legally described as (abbreviated): **Montborne, Lot 1, Block 42**

Name of the Owner or reputed owner: **Victor L S Hendrickson & Jacqueline R. Hendrickson**
Address: **18452 S. Westview Road, Mount Vernon, WA 98273**
Telephone Number: **360-708-3223**

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: **Friday, September 26, 2008.**

Principal amount for which the lien is claimed is: **\$609.07**

The Total amount claimed: **\$764.78**, which includes lien fees in the amount of \$150.00 and finance charges of \$5.71. Interest will accrue at the rate of 1.5% monthly until paid.

Cheryl Calhoun
Agent for Claimant

STATE OF WASHINGTON

County of Skagit

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

day of

November 2008

Print Name

Notary Public in and for the State of **WA**

My appointment expires:

10-1-09

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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