



200904160077  
Skagit County Auditor

4/16/2009 Page 1 of 2 11:33AM

AFTER RECORDING RETURN TO:


LIEN RESEARCH CORP.  
P. O. BOX 3409  
ARLINGTON, WA. 98223

**CLAIM OF LIEN**

FENCE SYSTEMS NW, INC  
Claimant.  
VS  
CHAFFEY NORTH LLC  
(Name of person indebted to claimant)

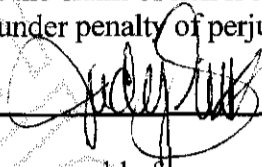
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: FENCE SYSTEMS NW, INC  
TELEPHONE NUMBER: (425) 347-1355  
ADDRESS: 1616 E. MARINE VIEW DR, EVERETT, WA. 98201
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: JANUARY 12, 2009
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CHAFFEY NORTH LLC, 1003 CLEVELAND AVE, STE. D, MOUNT VERNON, WA. 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: THE WOODS @ SUNSET COVE #14, 2717 GEER LANE, ANACORTES, WA.  
LEGAL DESCRIPTION: LOT 14, WOODS AT SUNSET COVE, AS RECORDED UNDER AUDITOR'S FILE NO. 200710170081, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P126721
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
CHAFFEY NORTH LLC, P.O. BOX 560, KIRKLAND, WA. 98083 & 1003 CLEVELAND AVE, #D, MOUNT VERNON, WA. 98273
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: JANUARY 19, 2009
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$5,837.35 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:  
N/A.

  
\_\_\_\_\_  
For, FENCE SYSTEMS NW, INC, Claimant  
1616 E. MARINE VIEW DR  
EVERETT, WA. 98201  
(425) 347-1355  
(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

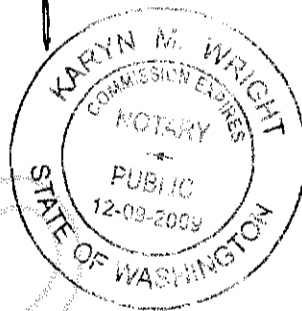
  
\_\_\_\_\_

On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 15 day of April, 2009

  
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PRINTED NAME: KARYN M WRIGHT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD  
My commission expires: 12/9/2009



Order #09-040614, dated: 4/13/2009



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