



200906220134

Skagit County Auditor

6/22/2009 Page

1 of

2 10:45AM

Document Title:

Lien

Reference Number:

Grantor(s):

additional grantor names on page \_\_\_

1. Huber, Dave
2. Huber, Rhonda

Grantee(s):

additional grantee names on page \_\_\_

1. Gibbs Roof Co
2. Gibbs, Doug

Abbreviated legal description:

full legal on page(s) \_\_\_

NE SW 23/36/4

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P 116902

FORM 5

GIBBS ROOF CO.  
DOUG GIBBS

CLAIM OF LIEN  
HUBER

\_\_\_\_\_, Claimant, vs \_\_\_\_\_ (name of person indebted to claimant) \*

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: DOUGLAS P. GIBBS  
TELEPHONE NUMBER: 360 4454235  
ADDRESS: 20871 BULSON RD. MT.VERNON,WA

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: 3/11/09

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MR&MRS HUBER

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property): 3578 MEINS RD. SEDRO WOOLLEY,WA 98284

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): HUBER 3863 MEINS RD. SEDRO WOOLLEY,WA.98284

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: JUNE 1, 2009

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$480.00

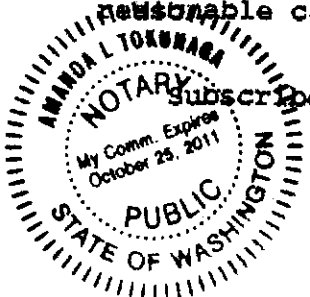
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: DOUGLAS P. GIBBS

9. IF THE CLAIMANT EXTENDED CREDIT ON THE AMOUNT BEING LIENED, STATE THE TERMS OF SUCH CREDIT HERE: \_\_\_\_\_

DOUGLAS P. GIBBS, Claimant  
20871 BULSON RD  
MT.VERNON, WA. 98274  
(Address and phone of claimant) \*

STATE OF WASHINGTON  
COUNTY OF SKAGIT ss.

DOUGLAS P. GIBBS, being sworn, says: I am claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and 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.



Subscribed and sworn to before me this 22 day of June, 2009  
Amanda L. Tokunaga

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Skagit County Auditor