



200907220065
Skagit County Auditor

7/22/2009 Page 1 of 211:40AM

After recording, return to (Name, Address, Zip):

Jeremy Eyre DBA All Sides Finished
PO Box 2491
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Richard H. Smith, Geff Anderson
Grantee (Claimant): Jeremy Eyre DBA All Sides Finished
Abbreviated Legal Description: Portion Cray lot 5 & SE NW 1/4-33-4
Assessor's Property Tax Parcel or Account No: #16419-AKA-XREF 330406-0-008-0003
Reference No(s) of Related Documents:

Jeremy Eyre DBA All Sides Finished
814 N. 30th Street, Mount Vernon, WA
Claimant,

vs.
Richard H. Smith, Geff Anderson
Jessie Hayton Anderson, 18495 Dike Rd, MV, WA
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: Jeremy Eyre
Telephone Number: 360-770-1961 Address: 814 N. 30th Street,
Mount Vernon, WA 98273
- 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: April 9th 2009
- 3. Name of person indebted to the Claimant: Richard H Smith, Geff Anderson, Jessie Hayton Anderson
- 4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 18495 Dike Road, Mount Vernon, WA 98274, #16419
- 5. Name of the owner or reputed owner (If not known state "unknown"): Richard H Smith, listed Geff Anderson & Jessie Hayton Anderson
- 6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: April 24th, 2009

(OVER)



Skagit County Auditor
200907220065



Notary Public for Washington
Peggy A. Brown
My appointment expires 04-01-11

STATE AND SWORN TO before me on 7-22-19

Jeremy Eyrice

I am the 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.

Jeremy Eyrice

STATE OF WASHINGTON,
County of Skagit
ss. }

CLAIMANT
Jeremy Eyrice
CLAIMANT'S NAME (TYPED OR PRINTED)
814 N. 30th Street
STREET ADDRESS
Mount Vernon WA 98273
CITY STATE ZIP
PHONE 961

- 7. Principal amount for which the lien is claimed is: 1445.12
- 8. If the Claimant is the assignee of this claim so state here: