

| Recording requested by: | |
|---|---|
| When recorded, mail to: | |
| Name: Joan Luss E | Space above reserved for use by Recorder's Office |
| Address: 1300 Curtis st | Document prepared by: |
| City: Burcingran, ws. 96233 | Name |
| State/Zip: 4/2. 98333 | Address |
| | City/State/Zip |
| | |
| Claim of Lien | |
| | with the second |
| State of Washing Ton | |
| County of Skapir | |
| · | |
| I, RICHARD T. STEINER / CASCADE ROSFING | |
| In accordance with an agreement to provide labor and/o | r material, I did furnish the following labor and/or materials: |
| ROOF DEMOCITION And NEW I | TIS TOLLATION \ |
| your demands and the | |
| | |
| on the following described real property located in | County, |
| State of Waswington , common | nly known as: |
| , | 404 + 406 E. FAICHAUEN |
| | BURLINGTON, WA. 98233 |
| and legally described as: | |
| (DKIZ) BURGINGTON LOT 6 | |
| BLOCK 41 PTISTO | |
| which property is owned by Joan Lubbe | , whose address is 404 E. Fair housen |
| Bueuingron, WA. 98233, of | a total value of \$ |
| remains unpaid \$ 2,237,00 and I fur | ther state that I furnished the first of the items on the date of |
| | e items on the date of October 15, 2009 |
| CCTOBER 18, 2009, and the last of the | e items on the date of October 15, 3009 |
| | |
| I hereby under the laws of the State of | , claim a lien against the above-described |
| · · · · · · · · · · · · · · · · · · · | |
| property in the amount of money, stated above, which re | emains unpaid to me. |

| Address of person claiming lien: On July 13 2010 | | |
|--|---|--|
| Name: Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Name: Name of Person Mailing Claim of Lien | | |
| Name of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien | Signature of Person Claiming Lien | |
| Notary Public, In and for the Country of Sanuary 17 2011 CERTIFICATE OF MAILING I, , certify that on this date, mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name: Address: Date: Name of Person Mailing Claim of Lien | | |
| Notary Public, In and for the Country of Sanuary 17 2011 CERTIFICATE OF MAILING I, , certify that on this date, mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name: Address: Date: Name of Person Mailing Claim of Lien | | |
| Notary Public, In and for the Country of Sanuary 17 2011 CERTIFICATE OF MAILING I, , certify that on this date, , I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name: Address: Date: Name of Person Mailing Claim of Lien | Krenned T STEINER | |
| and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence. Notary Signature Notary Public, In and for the County of Stagft State of Wachington 2011 My commission expires: Santuary 17 John CERTIFICATE OF MAILING I, certify that on this date. Name: Address: Date: Name of Person Mailing Claim of Lien | Name of Person Claiming Lien | |
| On | Address of person Claiming lien | |
| and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence. Notary Public, In and for the County of State of Wachington 2011 My commission expires: Dantury (7 Lott) CERTIFICATE OF MAILING I, | Address of person claiming near | |
| and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence. Notary Public, In and for the County of State of Wachington 2011 My commission expires: Dantury (7 1011 CERTIFICATE OF MAILING I, | | |
| and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence. Notary Public, In and for the County of State of Wachington 2011 My commission expires: Dantury (7 1011 CERTIFICATE OF MAILING I, | on January 13 2010 R.A. | K Steme came before me personally |
| Notary Public, In and for the County of State of Washington, My commission expires: CERTIFICATE OF MAILING I, | | |
| Notary Signature Notary Public, In and for the County of My commission expires: CERTIFICATE OF MAILING I, | | |
| Notary Public, In and for the County of Stage of Washington 2011 My commission expires: Danuary 17, Lott CERTIFICATE OF MAILING I, | | |
| Notary Public, In and for the County of Stage of Washington 2011 My commission expires: Danuary 17, Lott CERTIFICATE OF MAILING I, | MI Lugaro | |
| Notary Public, In and for the County of Stage of Washington 2011 My commission expires: Danuary 17, Lott CERTIFICATE OF MAILING I, | My Magaller | MILE GLAVOUR |
| In and for the County of Stage State of Workshop 2011 My commission expires: Danuary 17 Lott CERTIFICATE OF MAILING I, | | Service Control of the Control of th |
| My commission expires: | | JAN SO |
| CERTIFICATE OF MAILING I, | In and for the County of State State | e of Warneyton 2011 : * |
| I, | My commission expires: January [] | O// Seat Washings Cities |
| I, | - | () |
| mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name: Address: Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | CERTIFICATE OF MAILING | |
| mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to: Name: Address: Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | I . cer | rtify that on this date. |
| Name: Address: Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | | |
| Address: Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | manda a copy of this claim of 21th of 021 5 continue in | |
| Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | Name: | |
| Date: Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | | |
| Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | Address: | |
| Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien Skagit County Auditor | Date: | |
| Name of Person Mailing Claim of Lien 201001130054 Skagit County Auditor | | |
| Name of Person Mailing Claim of Lien 201001130054 Skagit County Auditor | | |
| Name of Person Mailing Claim of Lien 201001130054 Skagit County Auditor | | |
| | Signature of Person Mailing Claim of Lien | |
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| | | 201001 130054 |
| 1/13/2010 Page 2 01 2 | Name of Person Mailing Claim of Lien | |
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