



201001130054  
Skagit County Auditor

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Recording requested by: \_\_\_\_\_

When recorded, mail to: \_\_\_\_\_

Name: Joan Lubbe

Address: 1300 CURTIS ST

City: BURLINGTON, WA. 98233

State/Zip: WA. 98233

Space above reserved for use by Recorder's Office

Document prepared by:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## Claim of Lien

State of WASHINGTON

County of SKAGIT

I, RICHARD T. STEINER / CASCADE ROOFING COMPANY, INC. being duly sworn, state the following:

In accordance with an agreement to provide labor and/or material, I did furnish the following labor and/or materials:

ROOF DEMOLITION AND NEW INSTALLATION

on the following described real property located in SKAGIT County,

State of WASHINGTON, commonly known as:

404 + 406 E. FAIRHAVEN  
BURLINGTON, WA. 98233

and legally described as:

(DK12) BURLINGTON LOT 6  
BLOCK 41 PT1570

which property is owned by Joan Lubbe, whose address is 404 E. FAIRHAVEN

BURLINGTON, WA. 98233, of a total value of \$ 4,474.07, of which there

remains unpaid \$ 2,237.00, and I further state that I furnished the first of the items on the date of

OCTOBER 15, 2009, and the last of the items on the date of OCTOBER 15, 2009.

I hereby, under the laws of the State of WASHINGTON, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to me.

[Signature]  
Signature of Person Claiming Lien

RICHARD T. STEIMER  
Name of Person Claiming Lien

Address of person claiming lien:

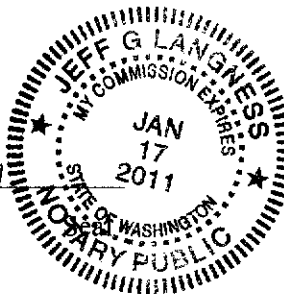
On January 13, 2010, Rock Steimer came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]  
Notary Signature

Notary Public,

In and for the County of Skagit State of Washington

My commission expires: January 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Mailing Claim of Lien

\_\_\_\_\_  
Name of Person Mailing Claim of Lien



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