



201210240060

Skagit County Auditor

10/24/2012 Page

1 of

2 11:52AM

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

CONCRETE NOR'WEST

Claimant.

VS

ROBYN CHOFFEL

(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 Claimant: CONCRETE NOR'WEST
Telephone Number: (253) 833-3705 ext. 405
Address: P.O. BOX 130, AUBURN, WA. 98071

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: SEPTEMBER 18, 2012

3. Name of person indebted to the Claimant: ROBYN CHOFFEL, 109 S 38TH PLACE, MOUNT VERNON, WA. 98273

4. Description of the property against which a lien is claimed:

Address: 109 S. 38TH PLACE, MOUNT VERNON, WA.

Legal Description: LOT 1, PLAT OF EDMONT ESTATES, AS PER PLAT RECORDED IN VOLUME 16 OF PLATS, PAGES 62 THROUGH 64, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT County Assessor's Tax Parcel No. P107387

5. Name of owner or reputed owner (if not known state "unknown"):
ROBYN M. CHOFFEL, 109 S. 38TH PLACE, MOUNT VERNON, WA. 98274

6. The last date on which labor was performed, professional services were furnished; contributions to an employee benefit plan were due on material, or equipment was furnished: SEPTEMBER 18, 2012

7. Principal amount for which the lien is claimed: \$1,227.68, 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.

Lien Research Corp.

By: 

It's Authorized Representative/Employee,

As Authorized agent of CONCRETE NOR'WEST, Claimant

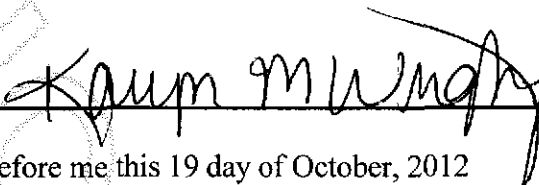
P.O. BOX 130,

AUBURN, WA. 98071


(253) 833-3705 ext. 405

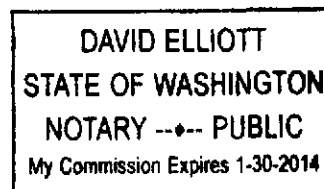
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

KARYN M WRIGHT, being sworn, says: I am an authorized representative/employee of 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.



Subscribed and sworn to before me this 19 day of October, 2012

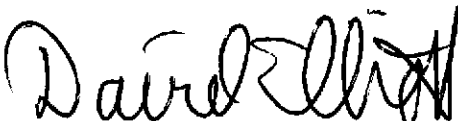

PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2014

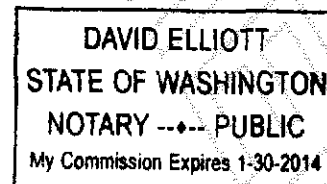


STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

On this 19 day of October, 2012, before me personally appeared KARYN M WRIGHT, to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of Lien Research Corp., a Washington corporation, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.


PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2014



Order #12-101005, dated: 10/17/2012



201210240060
Skagit County Auditor