201212170109
Skagit County Auditor
12/17/2012 Page 1 of 2 2:23PM

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): ---

Grantee (Claimant): ---

Abbreviated Legal Description: LTS 153 AND 154 BK1 Lake Cavanaugh DIV 3

Assessor's Property Tax Parcel or Account No: P66927

Reference No(s) of Related Documents: ---

Patrick DeNike

Claimant,

vs.

Levi Duclos
Liberty
Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 60.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: Patrick DeNike
Telephone Number: 425-737-8290 Address: 25504 Mountain Drive Arlington, WA 98223

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: 5-17-12

3. Name of person indebted to the Claimant: Levi Duclos

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): ~~33185 South Shore Dr.~~ Not Mount Vernon, WA 33579 Cliff Rd.

5. Name of the owner or reputed owner (If not known state "unknown"): Levi Duclos

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: 10-18-12

(OVER)

7. Principal amount for which the lien is claimed is: 2,750.00

8. If the Claimant is the assignee of this claim so state here: Yes

Pc DeNike — CLAIMANT
25504 Mountain Dr. — STREET ADDRESS
Patrick DeNike — CLAIMANT'S NAME (TYPED OR PRINTED)
Arlington — CITY; WA — STATE; 98223 — ZIP; 425-737-8290 — PHONE

STATE OF WASHINGTON, County of Skagit) ss.

Patrick DeNike, being sworn, says: 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.

Pc DeNike

LINDA JENSEN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 6-11-2016

SIGNED AND SWORN TO before me on 12-17-2012

Linda Jensen
Notary Public for Washington
My appointment expires 6-11-16

NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED _____.

Notary Public for Washington
My appointment expires _____

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED _____.

Notary Public for Washington
My appointment expires _____