

Skagit County Auditor

\$132.00

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1 of 11 4:13PM

Reference Number:  Grantor(s):  1. Sharipoff family Trust 2. Andrew Sharipoff Grantee(s):  1. Jeffory mah 2.  Abbreviated legal description:  2. Abbreviated legal description:  3. Jeffory mah 4. Jeffory mah 5. Jeffory mah 6. Jeffory mah 7. Jeffory mah 7. Jeffory mah 8. Jeffory mah 8. Jeffory mah 8. Jeffory mah 9. Jeffory mah 1. Jeffory mah 2. Jeffory mah 3. Jeffor	Document Title: Claim of Lien
1. Sharipoff family Trust 2. Andrew Sharipoff Grantee(s): [] additional grantee names on page 1. Jeffory Mah 2.  Abbreviated legal description: [] full legal on page(s)  Lt 27 Shangri-La  Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page  Plant	Reference Number:
2. Abbreviated legal description: [] full legal on page(s)  Abbreviated legal description: [] full legal on page(s)  Lt 27 Shangri - La  Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page  PLOG 019  I	<u>Grantor(s):</u> [_] additional grantor names on page
2. Abbreviated legal description: [] full legal on page(s)  Abbreviated legal description: [] full legal on page(s)  Lt 27 Shangri - La  Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page  PLOG 019  I	1. Sharipoff family Trust
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Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page  PGO 19  I	Abbreviated legal description: [_] full legal on page(s)
I, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.	Lt 27 Shangri-La
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thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.	
\$50.00 is assessed. This statement is to become part of the recorded document.	
Signed Dated	
Signed Dated Dated	
	Signed 11/11/2   Dated 5-1-2013

Recording requested by: 5 et 100 A Mah	Space above reserved for use by Recorder's Office
When recorded mail to:	Document prepared by:
Name: Sestion A Malandarias: Address: Address:	NameAddress
City/State/Zip: Sodro wooll white H	Address City/State/Zip
Claim of Lion	
Claim of Lien	
State of Washing ton	
County of Skage	
<u> </u>	PG9019
I. Sellan & Mah	
In accordance with an agreement to provide labor and/o materials:	
remodel + lood da	maged house on the
viver 508 of house int	in the Assembly
Veter to pages 1-6 // a	1. 1. 2. 6. 1. 1
• • •	
on the following described real property located in	Skagit County, State of
Washington, commonly known as:	
1242 6	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6763 Cedow et.	DedoaWoolly, WA79287
and legally described as: Lat 27 5harm	nuis) a
D C	$s_{r}, s_{r} = \langle \langle \langle \rangle \rangle^{2} \rangle$
tage 5	N. A
which property is owned by hori post family	toust , whose address is
PO Box 690 Mant Angel OR	, of a total value
of \$ 34,424.75, of which there remains unpaid \$	
furnished the first of the items on the date of	, and the last of the items on NOVA LF136 Claim of Lien Pg.1 (08-09)
201305070094	

Skagit County Auditor 5/7/2013 Page

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the date of $9-24-3010$ .
I hereby, under the laws of the State of Washington, claim a lien against the above-de-
scribed property in the amount of money, stated above, which remains unpaid to me.
Signature of Person Claiming Lien  Name of Person Claiming Lien
Address of person claiming lien: 4763 Cedar Ct Sedvo-tholly, WA 96284
on May 7, 2013, Jeffory A Mah came before
me personally and, under oath, stated that the she is the person described in the above document and that
he she signed the above document in my presence.
Notary Signature Alana Pizzuto
Notary Public, In and for the County of Stage State of Mayor State
My commission expires: 4-10-16
CERTIFICATE OF MAILING
I, Seffory Male, certify that on this date, 6-(g-2013, I have mailed a
copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:
Name: Ohar, pott touily trust Address: PQ Box 690 Mount Anas (QR 9926)
Date: 5-7-2013
500 MJ.
Signature of Person Mailing Claim of Lien Name of Person Mailing Claim of Lien
#NOVA LF136 Claim of Lien Pg.2 (08-09)

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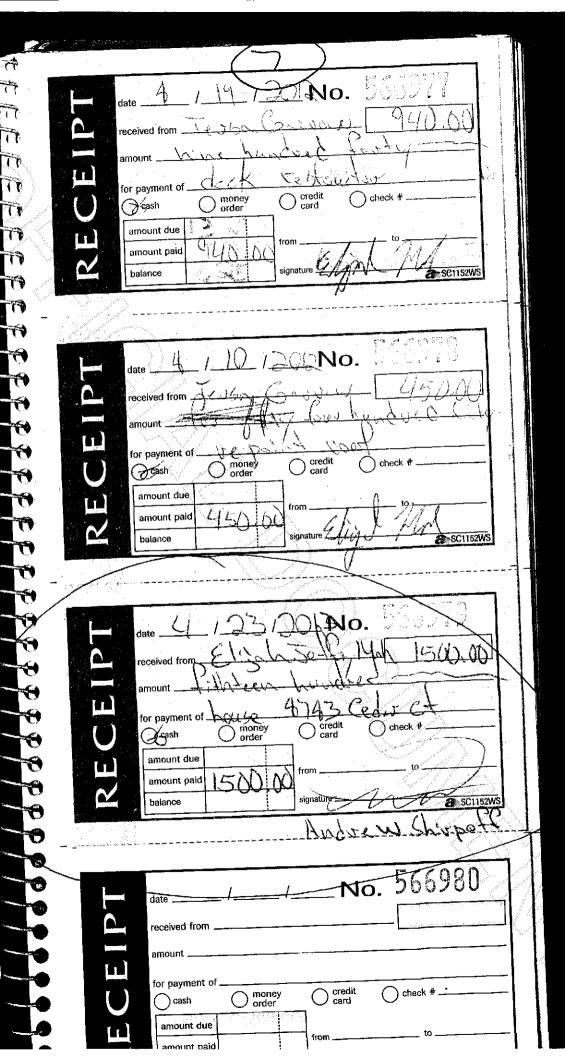
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			edor ct.	•
D:	6	rdun-11	AGI Ma	PAZAY
			41	
10-14-2011	YOUR WORK ORDER NO.	OUF	R BID NO.	
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		2 0 1 3 0 5 0 Skagit County Auditor	70094	<u> </u>
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Material is guaranteed to be as specified, wided for the above work and was complete.				d specifications
handred by the above work and was completely		<b>⊸</b> ?	reed sum or	513.NE ,
is is a ☐ Partial ÆFull invoice due and pay	3 = 314 0		molista (2	<u>~ · .≥•/ &gt; ( ) ( ) ( ) .</u>
	Month	Da	ny N	Year
ccordance with our Agreement   P	roposal No	Dated		-911/

979534/NC3822 CVT-8/98	carbonless	🚵 adams	NC3822	3	B PART	
New Y	Green C	L) me	C	ONTRAC	CTORS	Invoice
			WORK PERFORMED AT:	Andre	w 51	Rogina
TO:			Sido-Wa	ioph M	A 983	7464
DATE		YOUR WORK ORDER	10.	OUR BID NO.		
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			20130507			
			Skagit County Auditor 5/7/2013 Page 5		32.00 3PM	<del>-</del>
			was performed in accordar			specifications
two the	would if	wee Junived	workmanlike manner for the	e agreed sum o	$\sim$	2779D.
This is a ☐ Partial ☑ F	_	Proposal No	onth Dated	Day	24	Year Your

979534/NC3822 CVT 8/98	carbonless	& edams	NC3822	3 PA	RT
	Coreen C	4	<u> </u>	CONTRACT	ors Invoice
			WORK PERFORMED AT:	Andrew Ceder C	Hag rank
TO:			Sedeo-1	N, ylledu	94244
DATE 4-2	9-2013	Work order N		OUR BID NO.	
	D	ESCRIPTION OF V	WORK PERFORMED		
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		*	5/7/2013 Page	8 of 11 4:13PF	A, A, A
				<u> </u>	
	eed to be as specified, and t work and was completed in				igs and specifications
those )	numbered an	7 515+	y dollars	Dollars (S	350.00
This is a □ Partial □ F	Full invoice due and payable I	by:	14	Jd .	2013
		Мо	nth	Day 20	Year 3013
in accordance with our	☐ Agreement ☐ Propos	al No	Dated	footh Pour	

Signature

Date of Acceptance



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Skagit County Auditor

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979534/NC3822 CVT 8/98	carboniess	1	NC3822	3 PART
Mean	Coveen Co		Conti	RACTORS INVOICE
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Destable	Contract	4	763 Cedw	esct.
то:		50	Hooles-out	11 18 284
Skagit Cou 5/7/2013	inty Auditor 3 Page 9 of 11	\$132.00 4:13PM		
DATE (-\-)	OIO	WORK ORDER NO.	OUR BID N	10.
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mud + to	pe 1		+ 050	1804.BD
Wall Ve	Placement	termite 1	rest asc	2 5074 and texter
but to	or or	gina		00 W/ A
Remove	014 4/	0		Jav 5x12
W:H Sh	with case	and cover	L'IN THE STATE OF	senter \$ 1320,00
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offers of	y 70 10; 4r	Dett Lud t	on post	\$ (.52.50)
two bat		model 5 Treis	Dynel	50 softand
40 20 XX		. \		\$ 545.00
Paint h	int house	and lean of	LD YELD ON	2 remark
debuy				\$ 5000.00
Paint	extion to	in \$ 950	total	> 32654.40
	ed to be as specified, and the work and was completed in			ne drawings and specifications
two thous	Xic and Luck	hundred fift	1 40	Dollars (\$ 22656.40).
This is a ☐ Partial ☐ Fu	II invoice due and payable b	y:	Day	
in accordance with our	☐ Agreement ☐ Proposa		Dated C	34 3010



JEFFORY ALLEN MAH JR PO BOX 403 HAMILTON WA 98255-0403

DETACH BEFORE POSTING

007501



MASTER LICENSE SERVICE PO Box 9034 • Olympia, WA 9880749034 • (360) 664 (1400)

## REGISTRATIONS AND LICENSES

Sole Proprietorship

JEFFORY ALLEN MAH JR PO BOX 403 HAMILTON WA 98255 0403

**REGISTERED TRADE NAMES:** JEFF MAH AUTO SPECIALTIES MEAN GREEN

Unified Business ID #: 601 877 251

Business ID #: 1

**Skagit County Auditor** 

### ###

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The licensee named above has been issued the business registrations of licilisted. By accepting this document the licensee certifies the information of the application for these licenses was complete, true, and accurate the information of his of her knowledge, and that business will be conducted in contraint at applicable Waishildfon state, county and any reputations.

(9)

Form 68 Lease/Rental Agreement Rev. 7/10 Page 1 of 4

## LEASE / RENTAL AGREEMENT

©Copyright 2010 Northwest Multiple Listing Service ALL RIGHTS RESERVED

s mo	Agreement dated:	21 /	044		1
nig(	and entered into between	-Hudy	S'HARIPOFI	("Lessor")	. 2
	d through			("Listing Firm"	3
ind		<del></del>		("Tenant")	4
or the	Property commonly known	as	10000 Harris	DO	_
1 <u>(</u>	oncreit in	<i>D</i>	SKa.917	County, Washington	6
this.	Agreement is for more than o	one (1) year, the leg	gal description of the Property	is attached as Exhibit A.	7
. s	<b>ECURITY DEPOSIT. Lessor</b>	acknowledges rece	eint from Tenant of the sum of	6 8 Co Company of the second	
d	eposited in a trust account in	and the second			_
					_
11 0	IM will give written notice of	any change in said	depository. This deposit is s	, WA. Lessor or Listing ecurity for performance of Tenant's	11
da	amages to and cleaning of th	Property for which	i but not limited to payment of h Tenant is responsible	of rent, and to indemnify Lessor for	12
Α	written "Move In/Move Out I	nspection Agreeme	ant" describing the condition .	and cleanliness of and any damage	13 14
CI	HECKLIST IS COMPLETED.	TO TELEBRAC TA	OCCURIT DEPOSIT MAY	BE COLLECTED UNLESS THIS	16
W	fithin fourteen (14) days afte	r termination of ter	nancy and vacation of premis	ses (or abandonment of premises),	17 19
				y or the deposit and a refund of any Tenant's last known address. If the ant agrees to pay any deficiency on	
			4 · · · · · · · · · · · · · · · · · · ·		^^
P(	OSSESSION. Tenant's right	to possession of the	he Property begins at the cor	mmencement of the term indicated	<del>_</del>
	date indicated below, Lesse			ession of the Property to Tenant on	24
1 E	:RM (Check one).				25
	a. LEASE. This Agreem	ent is for a term of	1 y con com	mencing on	26 27
Ĭ	This Agreement shall	end at midnight on			20
	over without the prior	he Property and su written consent o	irrender possession on the la	st day of the term. If Tenant holds	29
<u>قر</u>				of the expiration of the term, the	
,	and an an and an	ne initelled alla 16	Hani shan de odnosteo tor tha	rental payments for the remainder	32
		o i incheir), mas neel	ii rerenieu whichever is iess.		22
		LC3301 DI TCHANLI	IIIAV IPIZIIIIIATE TOIS SAFGGMAN	onth tenancy commencing on tonly upon written notice received	
19,0	wy and dated at least	ZV uava pripr to	USE AND OF ARCH MONTHLY FA	nto popular il ancoloretti della coloretti	
	next following monthly	AIVOU AL ICABL ZU (IX	ays in advance, then it shall r	not be effective until the end of the	37
RE	NT. The rent is \$ 85	ော်er month. p	avable in advance and due	on or before the <b>2</b> first day,	38
LI ,	day of each mi	onth commencing o	on the first month of the term	. Each monthly rental period shall	39 40
ado				s shown below to Lessor at the	41
0.	istrico. Tenant shan pay an	utilities when due e	excent: 🔲 water 🗀 sewer 🗇	narhana 🔲 💉	42
OC	CUPANCY/SUBLETTING. 1	he Property is rent	ed as a private residence only	for the following named persons:	43 24
_	<del></del>				
	more or readers' without ale	PHOLWILLEN CORSER	11 Of Lessor or Listina Firm	y, nor give accommodation to any	46 47
WA	INTENANCE. Tenant will at	all times maintain	the Droposty in all with a survey		47 💚
	sonable wear and tear exce rout Lessor's prior written ap		s not to make any alterations	or improvements to the Property	50
	•				51 / /
ials:	Tenant:	Date:	Lessor:	Date:	
	Tenant:	Date:	Lessor:		10 PT 11

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> P.O. BOX 962 Mulino OR 97042



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