



201510190072

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

Doug's ENTERPRISE LLC
18632 FOUR Jay Lane
Mount Vernon, WA 98274

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant):
Grantee (Claimant):
Abbreviated Legal Description: Lot 2 Lake McMurray Estates
Assessor's Property Tax Parcel or Account No: P 108000
Reference No(s) of Related Documents:

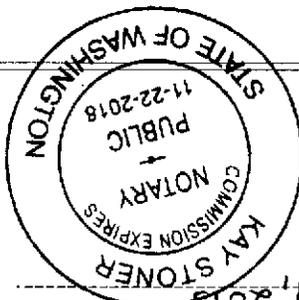
Doug's ENTERPRISE LLC
Claimant,
vs.
Mike & Cheryl Wion
Name of person indebted to Claimant.

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:

- Name of Lien Claimant: Doug's ENTERPRISE LLC
Telephone Number: 360-422-5673 Address: 18632 FOUR Jay Lane
Mount Vernon, WA 98274
- 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: July 1, 2015
- Name of person indebted to the Claimant: Mike & Cheryl Wion
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 22410 McMurray Shore Drive
Mount Vernon, WA 98274
- Name of the owner or reputed owner (If not known state "unknown"):
Mike & Cheryl Wion
- 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:
July 24, 2015

(OVER)





Notary Public for Washington
My appointment expires 11-22-2018

such party for the uses and purposes mentioned in the instrument.
DATED October 19, 2015

and acknowledged it as the owner

acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument

is the individual who appeared before me, and who

I certify that I know or have satisfactory evidence that Douglas Dalkin

STATE OF WASHINGTON, County of Skagit
behalf of a business entity:

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

Notary Public for Washington
My appointment expires

DATED
for the uses and purposes mentioned in the instrument.

acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act

is/are the individual(s) who appeared before me, and who

I certify that I know or have satisfactory evidence that

STATE OF WASHINGTON, County of
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

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).

Notary Public for Washington
My appointment expires 11-22-2018

SIGNED AND SWORN TO before me on October 19, 2015

Douglas Dalkin

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 and oppressive.

being sworn, says: I am the

STATE OF WASHINGTON, County of Skagit
CLAIMANT'S NAME (TYPED OR PRINTED) Douglas Dalkin

18916 ST RT 9
MOUNT VERNON 360-422-5673
STREET ADDRESS CITY STATE ZIP PHONE

8. If the Claimant is the assignee of this claim so state here: N/A

7. Principal amount for which the lien is claimed is: \$6,626.53

