

AFTER RECORDING RETURN TO:

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



201511020104

Skagit County Auditor

\$74.00

11/2/2015 Page

1 of

2 11:14AM

CLAIM OF LIEN

THE GENERAL PLUMBING CO

Claimant.

VS

CASCADE TREE SERVICE, C/O KEVIN
JARMIN

(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: THE GENERAL PLUMBING CO
Telephone Number: (360) 333-3796
Address: 17183 BENNETT RD, MOUNT VERNON, WA. 98273

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: AUGUST 10, 2015

3. Name of person indebted to the Claimant: CASCADE TREE SERVICE, C/O KEVIN JARMIN, 42889 RIVERS EDGE CT, CONCRETE, WA. 98237

4. Description of the property against which a lien is claimed:
Address: 8172 PINELLI RD, SEDRO WOOLLEY, WA.
Legal Description: LOT 25, (INCLUDING TRACT K), BIRDSVIEW ESTATES, AS PER PLAT APPROVED JUNE 8, 2010, AND RECORDED JUNE 10, 2010, UNDER AUDITOR'S FILE NO. 201006100097, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT County Assessor's Tax Parcel No. P130293

5. Name of owner or reputed owner (if not known state "unknown"):
GERALD JOHN & JUDITH KAYE SHACKETTE, PMB 49, 901 METCALF ST, SEDRO WOOLLEY, WA. 98284

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: AUGUST 15, 2015

7. Principal amount for which the lien is claimed: \$7,819.80, 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 THE GENERAL PLUMBING CO, Claimant

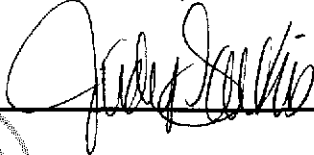
17183 BENNETT RD

MOUNT VERNON, WA. 98273

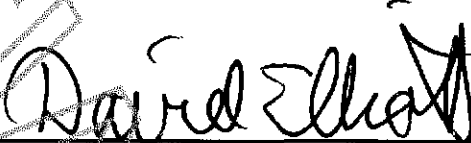
(360) 333-3796

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

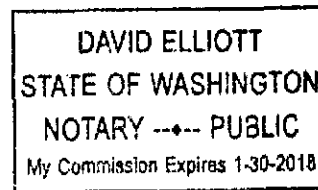
JUDY SARKIS, being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe 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 30 day of October, 2015



PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2018



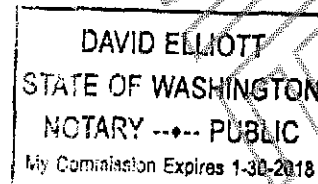
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

On this 30 day of October, 2015, before me personally appeared JUDY SARKIS, 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: 1/30/2018



Order #15-101347, dated: 10/23/2015