



201705300201

Skagit County Auditor
5/30/2017 Page

1 of

2

\$74.00

4:15PM

Claim of Lien

MAIL TO:

Mary T. Franks, Requestor
22556 State route 9
Mount Vernon, WA, 98274

Arrowhead Roof Cleaning the Lienor Lienor's Agent stated herein, being duly sworn, states that the following is true:

1. This Claim of Lien concerns the contract between, Arrowhead Roof cleaning Lienor, and Mary Theresa Frank, executed on _____.

2. Owner(s) Name(s): Frank Joseph Allen & Frank Mary Theresa

3. Owner(s) address: 22556 State route 9 Mount Vernon, WA 98274

4. Real property location: 22556 State rt. 9 County/Parish, State of Skagit, WA

5. Real property description: See Attachment A'
Lot 1 Lakeside Estates P 96069

6. Total value of real property: \$ 335,800

7. Total amount owed on real property: \$ Unknown

8. Mortgagee for the real property (if applicable): _____

9. Labor, services, and/or materials supplied by Lienor: Pool removal, Brush & sticker cleanup, Siding and deck repair, Paint, Garbage removal

10. Value of the provided labor, services, and/or materials: \$ 19521.78

11. Amount that remains unpaid on provided labor, services, and/or materials: \$ 8134.00

12. First day that Lienor supplied the labor, services, and/or materials: 4-14-2017

13. Last day that Lienor supplied the labor, services, and/or materials: 5-22-2017

14. If required, Lienor served Preliminary Notice to Owner(s) on _____ by _____.

15. If required, Lienor served Preliminary Notice to the Primary Contractor,

_____ , on _____

by _____

16. If required, Lienor served Preliminary Notice to the Lender, _____ ,

on _____ by _____

LIENOR HEREBY CLAIMS a lien per the laws of the State of Washington ,
against the property described above, in the amount of \$ 8134.00

[Signature]
Signature of Lienor or Lienor's Agent

5-30-2017
Date

Arrowhead Roof Cleaning , Lienor (or Lienor's Agent)

21657 Starbird rd , Address

Mount Vernon, WA, 98274 , City, State, Zip

360-387-8740 , Phone

keithlauritsen.arcc@gmail.com , Email

The following boxed text applies in the State of California:

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

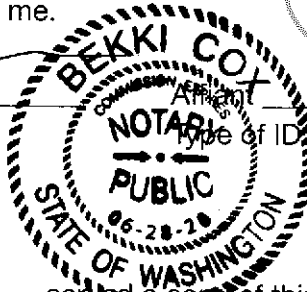
STATE OF Washington)

COUNTY OF Skaagit)

Subscribed and sworn to (or affirmed) before me on this 30 day of MAY , 2017 ,
by Keith Lauritsen , proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

[Signature]
Signature of Notary

(Seal)



Known Produced ID

Type of ID WA ID

CERTIFICATION OF MAILING

I, _____ , served a copy of this Claim of Lien on
_____ by certified USPS mail, return receipt requested,

in accordance with the law, to:

Name: _____

Address: _____