



201707120029

Skagit County Auditor

\$74.00

7/12/2017 Page

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2 10:33AM

Return Address:

AFFORDABLE WATER SYSTEMS
1402 BRADSHAW RD
MT SCRAM WA 98223

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): NE 8/35/06 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # _____

Affordable WATER SYSTEMS } Claimant
vs.
DON DECATOR }
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: AFFORDABLE WATER SYSTEMS
TELEPHONE NUMBER: 360 424 2444 ADDRESS: 1402 BRADSHAW RD
MT SCRAM WA 98223
- 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: 14 APR 17
- NAME OF PERSON INDEBTED TO THE CLAIMANT: ~~Don Decator~~ Corey Larson
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 32266 CARPENTER RD
LYMAN WA. P40847 350608-1-019-0002
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): DON DECATOR
TELEPHONE NUMBER: 98263 ADDRESS: PO BOX 1373 LYMAN WA
- THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED, CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: 14 APR 17



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 541.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :

Mary Helum
Claimant
Greg Halverson
Print or Type Name
14021 Beardslaw Rd
Address
Mt Vernon WA 98223
360 424 7444
Telephone Number

STATE OF WASHINGTON }
County of Snohomish } SS.

Gregory Halverson, 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.

Date this 7-12-17 day of Wednesday

Notary Public
State of Washington
Jessica M Culp
Commission Expires 07/25/2019

Jessie M Culp
Print Name Jessie M Culp
Notary Public in and for the State of WA
My appointment expires: 7-25-19

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.