



**201902140051**

02/14/2019 02:18 PM Pages: 1 of 2 Fees: \$100.00  
Skagit County Auditor

Return Address:

Cascade Gutter Service Inc.  
P.O. Box 151  
Burlington, WA 98233

## CLAIM OF LIEN

**Cascade Gutter Service**

Claimant

Vs.

**Exclusive Holdings LLC**

Person Indebted to Claimant

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

Grantor(s)(Owner): **Bethany Johnson**

Grantee(s) (Claimants): **Cascade Gutter Service**

Legal Description (abbreviated):

**LOT 16, BLOCK 59, FIRST ADDITION TO SEDRO, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 3 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY, WASHINGTON.**

Assessor's Property Tax Parcel/Account #: **P 75958 4150-059-016-0008**

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: **Cascade Gutter Service, Inc.**

Address: 10624 District Line Road, Burlington, WA 98233

Telephone Number: 360-757-1004

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: **Tuesday, January 22, 2019.**

Name of the person indebted to the claimant: **Austin Schalhamer, Exclusive Holdings LLC**

Description of the property against which a lien is claimed:

Commonly known as: **418 Nelson St, Sedro Woolley WA 98284 Skagit County Washington**

Legally described as: LOT 16, BLOCK 59, FIRST ADDITION TO SEDRO, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 3 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Name of the Owner or reputed owner: Bethany Johnson  
Address: 418 Nelson St, Sedro Woolley, WA 98284  
Telephone Number: 360-550-1018

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: Monday, January 7, 2019.

Principal amount for which the lien is claimed is: \$1090.43  
The Total amount claimed: \$1281.83, which includes lien fees in the amount of \$179.03 and finance charges of \$12.37. Interest will accrue at the rate of 1.5% monthly until paid.

**Cheryl Calhoun**  
Agent for Claimant

STATE OF WASHINGTON

County of Skagit

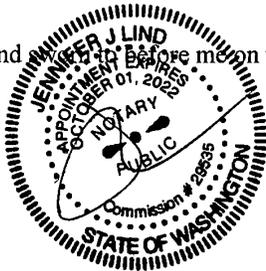
ss.

**Cheryl Calhoun**, 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) for CASCADE GUTTER SERVICE, INC. above named; I have read or heard the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

*Cheryl Calhoun*

Signed and before me on this

14 day of February 2019.



*Jennifer J Lind*  
Print Name Jennifer J Lind

Notary Public in and for the State of WA

My appointment expires: 10/01/22

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.