

Return Address:
RoHillCo Business Services, LLC
P.O. Box 7107
Bend, OR 97708-7107

Claim of Lien

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97:
Reference # (If applicable): NA
Grantor(s) (Owner): (1) Cambron, Laurence D. (2) Cambron, Kathryn A.
Grantee(s) (Claimants): (1) Right Way Plumbing, Heating, A/C Inc. Add'l on pg ___
Legal Description (abbreviated): Lot 12. The Orchards P.U.D., as per plat recorded January 19, 2006, Under Auditor File No. 200601190126, records of Skagit County
Assessor's Property Tax Parcel/Account #P123995, Skagit County

Right Way Plumbing, Heating, A/C Inc.
647 Sunset Park Drive, Ste A
Sedro Wooley, WA 98284

Claimant >

Vs.

Left Coast Interiors & Design
1320 Riverside Drive, Suite A
Mt. Vernon, WA 98273

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:

1. NAME OF LIEN CLAIMANT:
TELEPHONE NUMBER: (360)-855-2665
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: March 4, 2019.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Left Coast Interiors & Design.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 4406 Orchard Avenue, Anacortes WA, in the county of Skagit. Legally described as Lot 12. The Orchards P.U.D., as per plat recorded January 19, 2006, Under Auditor File No. 200601190126, records of Skagit County, APN #P123995.

- 5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"): Laurence and Kathryn Cambron – 4406 Orchard Avenue, Anacortes WA 98221-4439.
- 6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICE WERE FURNISHED: CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: August 23, 2019.
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$14,461.59 including document preparation and recording fees, finance charge and Sales Tax.
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NA

X Hannah Moran
 By: Hannah Moran, Office Manager
 Right Way Plumbing, Heating, A/C Inc.
 647 Sunset Park Drive, Ste A
 Sedro Wooley, WA 98284

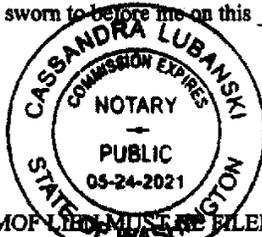
STATE OF WASHINGTON >

County of Skagit >

I, Hannah Moran, being sworn, says: I am the Office Manager for 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.

X Hannah Moran
 By: Hannah Moran, Office Manager for Right Way Plumbing, Heating, A/C Inc.

Signed and sworn to before me on this 4th day of October, 2019



Cassandra Lubanski

Print Name: Cassandra Lubanski
 Notary Public in and for the State of Washington
 My appointment expires: 5-24-21

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 PROVED BY LAW.