

201911220077

11/22/2019 10:52 AM Pages: 1 of 2 Fees: \$104.50 Skagit County Auditor

After recording, return to (Name, Address, Zip):

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): KKAR Enterprises LLC Jim Grenz
Grantee (Claimant): Buckley Bros Construction LLC Mike Buckley
Abbreviated Legal Description: 0.35 ac Lot #12 The Orchards
Assessor's Property Tax Parcel or Account No: P123.995
Reference No(s) of Related Documents: _____

Buckley Bros Construction LLC
Mike Buckley Claimant,
vs.
KKAR Enterprises LLC
Jim Grenz 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: Mike Buckley
Telephone Number: 360-661-6677 Address: 12702 Reservation Rd
Anacortes, WA 98221
- 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: 8/23/19
- Name of person indebted to the Claimant: Jim Grenz
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4406 Orchard Ave,
Anacortes, WA 98221
- Name of the owner or reputed owner (If not known state "unknown"): Jim Grenz
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 8/23/19

(OVER)



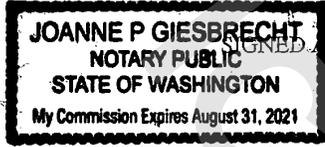
7. Principal amount for which the lien is claimed is: \$ 18,790.⁰⁰

8. If the Claimant is the assignee of this claim so state here: M. M. Bailey

M. M. Bailey
CLAIMANT
Michael Buckley
CLAIMANT'S NAME (TYPED OR PRINTED)
12702 Reservation Rd
STREET ADDRESS
Anacortes WA 98221 360 661 6677
CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit) ss.
Michael Buckley

being sworn, says: I am the claimant (or attorney of the claimant, of 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.



SIGNED AND SWORN TO before me on November 22, 2019

Joanne P. Giesbrecht
Notary Public for Washington
My appointment expires 08/31/21

NOTE: Consider whether one of the following additional notarial certificates should be completed. See Williams v. Athletic Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:
STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington
My appointment expires _____

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____ is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of

such party for the uses and purposes mentioned in the instrument.
DATED _____

Notary Public for Washington
My appointment expires _____