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06/22/2021 12:45 PM Pages: 1 of 2 Fees: \$104.50 Skagit County Auditor

Claim of Lien

MAIL_TO:	
Barry Massey, Requestor	
23970 Danlop St	
sedro woolley wa 98284	
DRM CONSTRUCTION, the XLienor Lienor's Agent stated herein, being	
duly sworn, states that the following is true:	
1. This Claim of Lien concerns the contract between, DKWCONSTVACTON,	
ienor, and Shirley Moutis, executed on 6,20,2021.	
2. Owner(s) Name(s): \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3. Owner(s) address: 7465 Clay brook vd	
4. Real property location: Salro waslizy County/Parish, State of wasning ton	
5. Real property description: Surgit 1	
Lot 21 MEaDOW Lane Addition AS Per Plat	
Recorded in Volume 8 of Dats Dage 16 Records of	
5. Total value of real property: \$ 308,200.00 SUG4, + County Weshingt	4
7. Total amount owed on real property: \$	
Mortgagee for the real property (if applicable):	
2. Labor, services, and/or materials supplied by Lienor: Septic tank Riseus	
habor 1800°	
0. Value of the provided labor, services, and/or materials: \$ 1953	
1. Amount that remains unpaid on provided labor, services, and/or materials: \$ 1953	
2. First day that Lienor supplied the labor, services, and/or materials: 3 / 2021	
3. Last day that Lienor supplied the labor, services, and/or materials: 3 29 2021	
4. If required, Lienor served Preliminary Notice to Owner(s) on	
DY Barry masszy.	
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15. If required, Lienor served Preliminary Notice to the Primary Contractor,
, on
by 16. If required, Lienor served Preliminary Notice to the Lender,,
onby
OII
LIENOR HEREBY CLAIMS a lien per the laws of the State of Washington,
against the property described above, in the amount of \$\frac{9,207,31}{6222021}\$. Signature of Lienor or Lienor's Agent Date
Barry Wassey , Lienor (or Lienor's Agent) 23970 Daylop St , Address 52000 Woolley , City, State, Zip 360, 202, 7933 , Phone bru Cou & Final 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
be the person(s) who appeared before me.
Signature of Notary (Seal) CERTIFICATION OF MAILING I,
in accordance with the law, to:
Name:Address:
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