



202310230092

10/23/2023 09:42 AM Pages: 1 of 2 Fees: \$204.50
Skagit County Auditor

AFTER RECORDING RETURN TO:

SERVPRO OF SKAGIT COUNTY
1830 BICKFORD AVE. STE. 101
SNOHOMISH, WA 98290

CLAIM OF LIEN

SERVPRO OF SKAGIT COUNTY
(Claimant)

VS

PETER K DOW & TIFFANY A DOW
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to Chapter 60.04 RCW. In support of this lien the following information is submitted:

1. Name of claimant: **SERVPRO OF SKAGIT COUNTY**
Telephone Number: **360-243-8313**
Address: **1830 BICKFORD AVE. STE.101, SNOHOMISH, WA 98290**
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: **MAY 10, 2023**
3. Name of person indebted to the Claimant: **PETER K DOW & TIFFANY A DOW; 18039 MOORES GARDEN RD, MOUNT VERNON, WA 98273**
4. Description of the property against which a lien is claimed: **(0.6500 ac)(DK1)(TITLE ELIMINATION AF#9303240003 FOR MANUFACTURED HOME 1990 SKYLINE OAKSPRINGS 66X28 VIN#32910504Z) LOT 14, MOORE'S GARDEN PLAT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH LOT 13 EXCEPT THE NORTHEASTERLY 60 FEET THEREOF AND ALSO TOGETHER WITH A 30 FOOT STRIP NORTH OF LOTS 13 AND 14 AND EXCEPT THE NORTHEASTERLY 60 FEET OF LOT 13; DESCRIBED AS FOLLOWS: Skagit County Assessor's Tax Parcel #P67549**
5. Name of owner or reputed owner (if not known state "unknown"): **PETER K DOW & TIFFANY A DOW**
6. The last date on which labor was performed, professional services were furnished; Contributions to an employee benefit plan were due on material, or equipment was furnished: **JULY 31, 2023**
7. Principal amount for which the lien is claimed: **\$63,407.72 plus applicable lien fees &/or attorney's fees, &/or interest**


8. If the Claimant is the assignee of this claim so state here: **N/A**
SERVPRO OF SKAGIT COUNTY

By: _____
It's Authorized Representative/Employee,
As Authorized agent of **SERVPRO OF SKAGIT COUNTY**
1830 BICKFORD AVE., STE. 101, SNOHOMISH, WA 98290
360-243-8313

STATE OF WASHINGTON)
COUNTY OF SNOHOMISH)

ASHLEY ELZEA being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) named above. I have read the foregoing claim, 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.

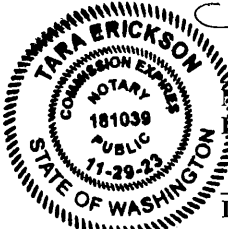
Subscribed and sworn to before me this 12TH day of OCTOBER 2023

TARA ERICKSON
NOTARY PUBLIC
In and for the State of Washington
10/12/2023
Date Signed

STATE OF WASHINGTON)
COUNTY OF SNOHOMISH)

On this 12TH day of OCTOBER 2023, before me personally appeared ASHLEY ELZEA to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of SERVPRO of SKAGIT COUNTY, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said Company, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said Company.

In witness whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

TARA ERICKSON
NOTARY PUBLIC
In and for the State of Washington
10/12/2023
Date Signed

Order #DOW

Dated: 10/12/23