

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P.O. BOX 3409
ARLINGTON, WA 98223

CLAIM OF LIEN

FENCE SYSTEMS NW, INC.
DBA: ECONOMY FENCE CENTER
Claimant
VS
GREGORY S & MICHELLE MARSHALL
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: FENCE SYSTEMS NW, INC. DBA: ECONOMY FENCE CENTER
Telephone Number: (425) 347-1355
Address: 11709 CYRUS WAY, MUKILTEO, WA 98275
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: January 31, 2024
3. Name of the person indebted to the Claimant: GREGORY S & MICHELLE MARSHALL, 18258 PEREGRINE LN, MOUNT VERNON, WA 98274
4. Description of the property against which a lien is claimed:
Address: INSTALL 6" BLACK CHAIN LINK FENCE, 18258 PEREGRINE LN, MOUNT VERNON, WA
Legal Description: LOT 38, CASCADE RIDGE P.U.D., AS PER PLAT RECORDED IN VOLUME 14 OF PLATS, PAGES 112 THROUGH 121, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON
SKAGIT County Assessor's Tax Parcel No. P83899
5. Name of owner(s) or reputed owner(s) (if not known, state "unknown"):
GREGORY S & MICHELLE MARSHALL, 18258 PEREGRINE LN, MOUNT VERNON, WA 98274
6. 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: July 23, 2024
7. Principal amount for which the lien is claimed: \$12,716.84, together with interest, penalties, sales tax, costs, and attorneys' fees, as well as other charges, that will have accrued and may continue to accrue.
8. If the Claimant is the assignee of this claim so state here: N/A.

Lien Research Corp.


By: 

Its Authorized Representative/Employee,


As Authorized agent of FENCE SYSTEMS NW, INC. DBA: ECONOMY FENCE CENTER, Claimant
11709 CYRUS WAY
MUKILTEO, WA 98275
(425) 347-1355

STATE OF WASHINGTON)
)ss
 COUNTY OF SNOHOMISH)

JUDY SARKIS, 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) above named. I have read the forgoing 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 6 day of September 2024.



 PRINTED NAME: KARYN M WRIGHT
 NOTARY PUBLIC, In and for the State of Washington.
 Residing in: ARLINGTON
 My commission expires: 12/28/2025

NOTARY PUBLIC
 STATE OF WASHINGTON
 KARYN M. WRIGHT
 License Number 115005
 My Commission Expires 12-28-2025

STATE OF WASHINGTON)
)ss
 COUNTY OF SNOHOMISH)

On this 6 day of September 2024, before me personally appeared JUDY SARKIS, to me known to be the (president, vice president, secretary, treasurer, or other authorized office or agent, as the case may be) of Lien Research Corp., A Washington corporation, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act of deed of said corporation, 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 corporation.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and hear first above written.


 PRINTED NAME: KARYN M WRIGHT
 NOTARY PUBLIC, In and for the State of Washington.
 Residing in: ARLINGTON
 My commission expires: 12/28/2025

NOTARY PUBLIC
 STATE OF WASHINGTON
 KARYN M. WRIGHT
 License Number 115005
 My Commission Expires 12-28-2025

Order # 24-090124, Dated 9/4/2024