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01/27/2026 02:31 PM Pages: 1 of 3 Fees: $305.50
Skagit County Auditor



**File for record and return to:**

BELL CONSTRUCTION SERVICES
Name
1700 E. BLACKBURN ROAD
Address 1
MOUNT VERNON
Address 2
WA 98274
City/State/Zip

## CLAIM OF LIEN

**Grantor (Owner of property subject to the lien):** FRANK & BRIDGETTE POGLINE

**Grantee (Name of lien claimant):** BELL CONSTRUCTION SERVICES

**Abbreviated Legal Description (e.g. "Lot 1, Block 2, ....)** LOT 29 PLAT OF COPPER POND PLANNED UNIT DEVELOPMENT

**Assessor's Property Tax Parcel/Account No.** 4661 000 029 0000

Notice is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.04. In support of the Lien, the following information is submitted.

1. *Name of Lien Claimant:* BELL CONSTRUCTION SERVICES

   *Address:* 1700 E. BLACKBURN UNIT 1 MOUNT VERNON WA 98274

   *Telphone Number:* 360 466 8819

2. *Date on which claimant began to perform labor, provide professional services, supply material or equipment or the date on which employee benefits became due:* 4/25/25

3. *Name of Person or contractor indebted to claimant:*

POGLINE, BRIDGETTE

4. *Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property):*

SINGLE FAMILY RESIDENCES
3810 COPPER POND, ANACORTES

5. *Name of the owner or reputed owner (if not known, state "unknown")*

POGLINE, BRIDGETTE

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:* 10/29/2025

7. *Principal amount for which the Lien is claimed is:* $ 21,938.06

8. *If the claimant is the assignee of this claim so state here:*

☑ *No*

☐ *Yes. State name of Assignor:* _____

The undersigned, being sworn says: I am the claimant named above; I have read the foregoing claim 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 _____
*Claimant*

Name of Claimant: DARREN BELL
PRESIDENT
BELL CONSTRUCTION SERVICES

STATE OF WASHINGTON )
COUNTY OF SKAGIT ) ss.
)

I, Cindy L. Adams, certify that I know or have satisfactory evidence that

Darren Bell
[name]

is the person who appeared before me and acknowledged that s/he is the

President of
[title]
Bell Construction Services
[individual/entity]

and signed the foregoing instrument in that capacity and acknowledged it to be their free and voluntary act for the uses and purposes described therein.

SUBSCRIBED to before me this 27th day of January, 2026.

CINDY L. ADAMS
Notary Public
State of Washington
Commission # 22030932
My Comm. Expires Oct 19, 2026

Cindy L Adams,
Notary Public
Commission Expires: October 19, 2026