

When recorded mail to:
GRAHAM CARR CONSTRUCTION
901 METCALF ST.
SEDRO-WOOLLEY, WASHINGTON 98284

CLAIM OF LIEN

GRAHAM CARR CONSTRUCTION
Lien Claimant.
VS
CATHERINE DOROTICH
(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 lien claimant: GRAHAM CARR CONSTRUCTION
Address: 901 METCALF ST.
SEDRO-WOOLLEY, WASHINGTON 98284
Telephone Number: (360) 840-4595
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: OCTOBER 23, 2024
3. Name of person indebted to the Claimant: CATHERINE DOROTICH, 815 6TH ST ANACORTES, WASHINGTON 98221-1714
4. Description of the property against which a lien is claimed:
Address: 815 6TH ST
ANACORTES, WASHINGTON 98221-1714
Legal Description: ALL OF LOT 8 AND THE NORTH 50 FEET OF LOTS 9 AND 10, BLOCK 7, MAP OF THE CITY OF ANACORTES, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THE WEST HALF OF LOT 7, BLOCK 24, BOWMAN'S CENTRAL SHIP HARBOR WATER FRONT TRACTS, PLAT TO ANACORTES. AND ALL INTEREST IN AND TO PORTIONS OF LOT 7, BLOCK 7, OF SAID CITY OF ANACORTES, IF ANY. SURVEY AF#200607240168 DESCRIBED AS FOLLOWS: SKAGIT County Parcel# P54945
5. Name of owner or reputed owner (if not known state "unknown") DOROTICH CATHERINE L, PO BOX 185 ANACORTES, WA 98221
6. The last date on which claimant furnished labor, materials, professional services, contributions to an employee benefit plan, and/or equipment was: DECEMBER 18, 2025

- 7. Principal amount for which the lien is claimed: \$45,082.00 plus applicable lien fees &/or attorney's fees, costs &/or interest.
- 8. If the Claimant is the assignee of this claim so state here: N/A

CLAIMANT:

GRAHAM CARR CONSTRUCTION
 901 METCALF ST.
 SEDRO-WOOLLEY, WASHINGTON 98284
 (360) 840-4595

Graham Carr

GRAHAM CARR, AS AUTHORIZED AGENT

VERIFICATION

STATE OF WASHINGTON)
)ss
 COUNTY OF SKAGIT)

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

Graham Carr

SIGNATURE

ACKNOWLEDGEMENT

STATE OF WASHINGTON)
)ss.
 COUNTY OF KING)

I certify that I know or have satisfactory evidence that **GRAHAM CARR** is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the **OWNER** of **GRAHAM CARR CONSTRUCTION** to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated this 11th day of MARCH, 2026.

Notarized online using audio-video communication

<p>Marie L. Martin Notary Public State of Washington Commission #: 154721 Commission Expires: 07/17/2027</p>
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Marie L Martin

MARIE L MARTIN
NOTARY PUBLIC in and for the State
 of Washington
 My commission expires: 07/17/2027