



201709210023

Skagit County Auditor

\$76.00

9/21/2017 Page

1 of

3 10:24AM

Document Title:

Claim of Lien

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. Robert Howard

2.

Grantee(s):

additional grantee names on page ____.

1. Detray's Custom Housing, LLC

2.

Abbreviated legal description:

full legal on page(s) ____.

XREFID 360426-0-008-0006 Section 26, Township 36, Range 04

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P5008

UNOFFICIAL DOCUMENT

After Recording Return to:

Detroy's Custom Housing, LLC
10209 149th St E
Puyallup, WA 98374

CLAIM OF LIEN

Grantor (Owner of property
whose property is being liened):

Robert Howard

Grantee (Name of lien claimant):

Detroy's Custom Housing, LLC

Abbreviated Legal Description
(e.g. "Lot 1, Block 2, ...):

Xref ID 360426-a-008-0006

Section 26, Township 36, Range 04

Assessor's Property Tax
Parcel/Account No.:

P5008

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

1. Name of Lien Claimant:

Detroy's Custom Housing, LLC

Address:

10209 149th Ave E

Puyallup WA 98374

Telephone Number:

253-840-6773

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:

5-11-17

3. Name of person or contractor indebted to claimant:

Robert Howard

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

22689 Matsen Road
Sedro Woolley, WA 98284

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

Robert + Howard

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:

8-7-17

7. Principal amount for which the Lien is claimed is: \$ 530.15

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

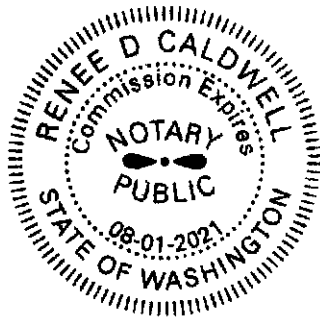
No
 Yes. State name of Assignor: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF Pierce)

Dana Detray, being sworn, says: I am the claimant or attorney for the claimant 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.

Dana Detray
Claimant or Attorney

SUBSCRIBED AND SWORN TO before me this 11 day of Sept 2017



Renee D Caldwell
Print Name: Renee D Caldwell
NOTARY PUBLIC in and for the State of Washington
Residing at: Puget Sound WA
My commission expires: 8-1-21