

AFTER RECORDING RETURN TO:

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


CLAIM OF LIEN

STATE ROOFING, INC. Claimant VS MELODY A LOVE 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: STATE ROOFING, INC.
Telephone Number: (360) 794-7164
Address: PO BOX 6189, OLYMPIA, WA 98507
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: February 28, 2024
3. Name of the person indebted to the Claimant: MELODY A LOVE, 1116 N 12TH PL, MOUNT VERNON, WA 98273
4. Description of the property against which a lien is claimed:
Address: C30527-50679 LOVE ROOF, 1116 N 12TH PL, MOUNT VERNON, WA
Legal Description: LOT 17, "KULSHAN RIDGE P.U.D.," AS PER PLAT RECORDED ON OCTOBER 9, 2003, UNDER AUDITOR'S FILE NO. 200310090064, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT County Assessor's Tax Parcel No. P120897
5. Name of owner(s) or reputed owner(s) (if not known, state "unknown"):
MELODY A LOVE, 1116 N 12TH PL, MOUNT VERNON, WA 98273
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: March 1, 2024
7. Principal amount for which the lien is claimed: \$8,593.70, 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.

Lien Research Corp.

By: 
 It's Authorized Representative/Employee,
 As Authorized agent of STATE ROOFING, INC., Claimant
 PO BOX 6189
 OLYMPIA, WA 98507
 (360) 794-7164

STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

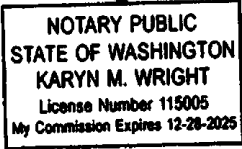
JUDY SARKIS, being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the forgoing claim, know the contents thereof, and believe 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 20 day of March 2024.



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



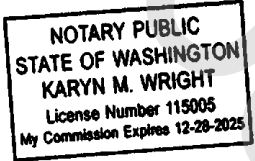
STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

On this 20 day of March 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



Order # 24-030915, Dated 3/19/2024