Return Address:

Steve
828 N. 18TH ST.
MT. Vernon WA. 98273

200002140173
Kathy Hill, Skagit County Auditor
2/14/2000 Page 1 of 2 3:52:41PM

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): Southern TO MT Vernon LTS 7 3 8 Blk 11 DK 3 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P 54338

Steve Sexton D.B.A. A Tub well Done
Claimant
vs.
Jose Sedano
Name of person indebted to Claimant

Notice is hereby given that the person named 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: Steve Sexton
TELEPHONE NUMBER: 421-2943 ADDRESS: 828 N. 18TH ST. MT. Vernon, WA. 98273

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 9, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jose Sedano

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1320 Virginia St. Mount Vernon, WA. 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Jose Sedano
TELEPHONE NUMBER: 336-9720 ADDRESS: 1320 Virginia St. Mount Vernon, WA.

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: February 11, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1532.31

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Claimant

Steve Sexton
Print or Type Name

828 N. 18th St.
Address

Mount Vernon, WA. 98273

(360) 424-6417
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Steve Sexton, 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.

Date this 14th day of February, 2000

Brooke R Johnson

Print Name Brooke R Johnson

Notary Public in and for the State of Washington

My appointment expires: 10-19-2000

BROOKE R. JOHNSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCTOBER 19, 2000

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.