

Return Address:

Sexton
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): Sixteen To Mt Vernon LBS 738 Bldg 11 DK3 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # f 54338

Steve Sexton DBA. A ToB well Done
Claimant
JOSE SEDANO
vs.
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: 421-4943 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



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$532.35

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

Claimant: Steve Sexton
Print or Type Name: Steve Sexton
Address: 828 N. 18th St.
Address: Mount Vernon, WA 98273
Telephone Number: (360) 424-6417

STATE OF WASHINGTON

SS.

County of Shagit
Steve Sexton

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

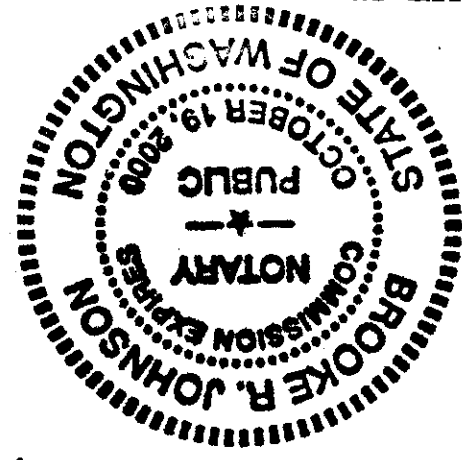
day of

February, 2000

Print Name: Brooke R. Johnson

Notary Public in and for the State of Washington

My appointment expires: 10-19-2003



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.



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Kathy Hill, Skagit County Auditor