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Kathy Hill, Skagit County Auditor
3/21/2000 Page 1 of 2 11:12:34AM

Return Address:
MIKE PIZZUTO
903 E DIVISION
MOUNT VERNON, WA 98274

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) GREEN TREE FINANCIAL SERVICES (2) _____ Add'l. on pg___

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

Legal Description (abbreviated): BEG AT NWC LOTS BLK 3 LYMAN T H W 75FT N 60FT E 75FT S TPOB Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P41404

_____
Claimant
vs.
_____
Name of person indebted to Claimant

} GREENTREE FINANCIAL SERVICING CORPORATION

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: NORTHILL CONSTRUCTION COMPANY
TELEPHONE NUMBER: 360-336-3394 ADDRESS: 903 E DIVISION
MOUNT VERNON, WA 98274

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: DECEMBER 6, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: GREEN TREE FINANCIAL SERVICING CORPORATION

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 31433 3RD AVENUE
LYMAN, WA 98263

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): GREEN TREE FINANCIAL SERVICING CORPORATION
TELEPHONE NUMBER: 877-297-1345 ADDRESS: 7360 S. KYRENE TEMPE, AZ 85283

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: DECEMBER 22, 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $4347.24

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

NORTHILL CONSTRUCTION COMPANY
Claimant mike Pizzuto
Print or Type Name
MIKE PIZZUTO
Address
903 E. DIVISION MOUNT VERNON WA 98274
360-336-3394
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

mike Pizzuto, 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.

Signed and sworn to before me on this 21st day of March, 2000.

DONNA JEAN PULVER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 6-29-2003

Donna Jean Pulver
Print Name Donna Jean Pulver
Notary Public in and for the State of Washington
My appointment expires: 06-29-2003

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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3/21/2000 Page 2 of 2 11:12:34AM