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, Skagit County Auditor
7/19/2001 Page 1 of 2 4:23:57PM

Return Address:
Mitzel & Associates
160 Cascade Place, Suite 211
Burlington, WA 98233

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): 350513-2-002-0100
Grantor(s) (Owner): (1) Schweikert, Paul III (2) Schweikert, Stacey Add'l. on pg
Grantee(s) (Claimants): (1) Daniel Mitzel (2) Add'l. on pg
Legal Description (abbreviated): Lot B of Skagit Cty. Short Plat Add'l. legal is on page
Assessor's Property Tax Parcel /Account # P107941 #99-018

Mitzel & Associates
Claimant
vs.
Paul & Stacey Schweikert
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: Mitzel & Associates
TELEPHONE NUMBER: 404-2050 ADDRESS: 160 Cascade Place, Suite 211 Burlington, WA 98233

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, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Schweikert, Paul III

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 29148 Outlook Lane, Sedro Woolley, Washington

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Schweikert, Paul III as Trustee of Schweikert Family Trust
TELEPHONE NUMBER: ADDRESS: 29082 Outlook Lane, Sedro Woolley, WA 98284

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: July 19, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 74,405.17

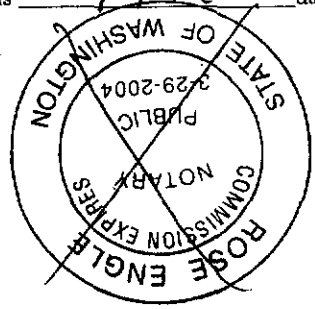
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :

Daniel Mitzel
Claimant
Mitzel & Associates
Print or Type Name
160 Cascade Place, Suite 211
Address
Burlington, WA 98233
(360) 404-2050
Telephone Number

STATE OF WASHINGTON }
SS.
County of Skagit }

Michael Tjeerdsma, 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 19th day of July, 2001.



Judy Zarda
Print Name Rose Engle Judy Zarda
Notary Public in and for the State of WA
My appointment expires: 2/29/04 10-10

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.*