



200211150097

Skagit County Auditor

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Return Address:

Tom Lloyd  
15310 Cottonwood Lane  
Mt. Vernon WA 98273

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable):	# 340431-2-019-0008	
Grantor(s) (Owner): (1)	Roozen Michael	(2) Roozen Anita Add'l. on pg
Grantee(s) (Claimants): (1)	Lloyd Thomas	(2) Add'l. on pg
Legal Description (abbreviated):	See attached	31-34-4 Add'l. legal is on page 2
Assessor's Property Tax Parcel /Account #	29255	

Thomas Lloyd dba Lloyd Const  
 Claimant  
 vs.  
 Michael + Anita Roozen  
 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:

- NAME OF LIEN CLAIMANT: Thomas F. Lloyd  
 TELEPHONE NUMBER: 360-424-5657 ADDRESS: 15310 Cottonwood Ln Mt. Vernon WA 98273
- 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: Job began 5-17-02 Ended 8-30-02
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Michael Roozen
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): See attached
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Michael Roozen  
 TELEPHONE NUMBER: 360-428-8615 ADDRESS: 17345 Dike Road Mt. Vernon WA 98273
- 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: August 30th 2002



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Claim of Lien  
Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98  
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FO



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.

SHARON R. ANTHONY  
NOTARY PUBLIC  
My Commission Expires 9-8-2005

Print Name Sharon R Anthony  
Notary Public in and for the State of Washington  
My appointment expires: 9-6-2005

Signed and sworn to before me on this 13th day of November 2002

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Thomas E. Lloyd

STATE OF WASHINGTON }  
County of Skagit }  
SS.

Claimant Thomas E. Lloyd  
Print or Type Name 13531 Cottonwood  
Address MH Leavenworth WA 98225  
360-424-5652  
Telephone Number

- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3,742.47 + Interest Yes
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes

Legal Description

Reference # 340431-2-019-0008

P# 29255

South ½ of the following described tract beginning on the west line of lot 2 of section 31; 679 feet north of southwest corner, thence east 975 feet, thence north to the north line of lot 2, thence west to the northwest corner of said lot, thence south to the point of beginning.

Section 31  
Township 34N  
Range 4E



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