

Prepared by, recording requested by and return to:

Name: Robert Carrillo  
Company: Carrillo Construction  
Address: P.O. Box 9127  
City: San Bernardino  
State: CA Zip: 92427  
Phone: (909) 880-3831  
Fax: (09) 880-7833



200310080025  
Skagit County Auditor

10/8/2003 Page 1 of 2 9:17AM

Above this Line for Official Use Only

**CLAIM OF LIEN--INDIVIDUAL**

Robert Carrillo, Claimant

vs

Indy Mac Bank 155 N. Lake Ave. Pasadena, CA 91101, [Name of person indebted to claimant]

Notice is hereby given that the person named below claims a lien pursuant to RCW 60.04.100. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Robert Carrillo  
TELEPHONE NUMBER: (909) 880-3831  
ADDRESS: P.O. Box 9127  
San Bernardino, CA. 92427
  
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 WAS THE 3rd DAY OF June, 2003.
  
3. NAME OF PERSON INDEBTED TO THE CLAIMANT:  
Indy Mac Bank, 155 N. Lake Ave, 3<sup>rd</sup> Floor, Pasadena, CA 91101
  
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property):  
4507 Kingway, Anacortes, WA 98221  
APN # 59284 Lot 69 Skyline 4
  
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state Q "unknown"): Ray C Farr / Maire U Kelly

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 WAS THE 18th DAY OF July, 2003.

6. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS \$16,400.00.

7. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: YES

Robert Carrillo  
Signature

Robert Carrillo  
Name of Claimant

P.O. Box 9127  
Street Address

San Bernardino, CA 92427  
City, State, Zip Code

(909) 880-3831  
Phone Number

CALIFORNIA ~~WA~~  
STATE OF ~~WASHINGTON~~ SAN BERNARDINO  
COUNTY OF ~~Skagit~~ San Bernardino, SS.

ROBERT CARRILLO, 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.

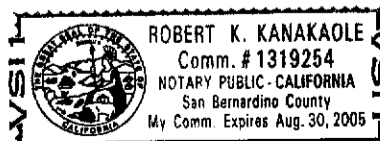
Robert Carrillo  
Affiant

Subscribed and sworn to before me this 30 day of SEPT, 2003.

Robert K. Kanaokale  
Notary Public residing at 2377 N. DEL ROSA  
SAN BERNARDINO, CA  
92404  
Printed Name: ROBERT K. KANAOKALE

My Commission Expires: August 30 2005

WA § 60.04.091



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