

AFTER RECORDING RETURN TO:

11/17/2003 Page

1 of

2 1:37PM

LIEN RESEARCH CORP. P.O. BOX 148 MARYSVILLE, WA. 98270

CLAIM OF LIEN

HERMAN HOBBICK TRUCKING

Claimant.

VS

JOSEPH ORR

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: HERMAN HOBBICK TRUCKING TELEPHONE NUMBER: (360) 757-1707 ADDRESS: P. O. BOX 249, 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: SEPTEMBER 9, 2003
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOSEPH ORR, 6719 HIGHWAY 9, SEDRO WOOLLEY, WA. 98284
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: LAKE VIEW PLAT WATER MAIN, LAKEVIEW DR & HIGHWAY 9, SEDRO WOOLLEY, WA.

LEGAL DESCRIPTION: PARCEL A: LOT 17, AND THE SOUTH 75 FEET OF THE EAST 12 FEET OF LOT 16, WM. SHAUGER ACREAGE, CLEAR LAKE WASH., ACCORDING TO THE PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 36, RECORDS OF SKAGIT COUNTY, WASHINGTON; EXCEPT THE WEST 150 FEET OF SAID LOT. (AKA-PARCEL 3, SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200210010139)

PARCEL B: LOT 18, WM. SHAUGER ACREAGE CLEAR LAKE, WASH., ACCORDING TO THE PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 36, RECORDS OF SKAGIT COUNTY, WASHINGTON; EXCEPT THE WEST 150 FEET OF SAID LOT 18. (AKA-PARCEL 2, SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200210010139)

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P119073 & P119074

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): JOSEPH P. ORR, 6719 HIGHWAY 9, 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: SEPTEMBER 15, 2003
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$17,256.35, PLUS \$250.00 LIEN FEES, (TOTAL \$17,506.35), PLUS INTEREST.

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

For, HERMAN HOBBICK TRUCKING, Claimant

P. O. BOX 249

MT. VERNON, WA. 98273

(360) 757-1707

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 12 day of November, 2003

PRINTED NAME: DAVID ELLIOTT

NOTARY PUBLIC

in and for the State of Washington.

Residing in: EVERETT

My commission expires: 1/30/06

Order #110487,

dated: 11/10/03

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200311170239 Skagit County Auditor

11/17/2003 Page

2 of

2 1:37PM