



200511280132
Skagit County Auditor

11/28/2005 Page 1 of 211:14AM

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) _____ (2) _____ Add'l. on pg. _____
Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____
Legal Description (abbreviated): PT LOTS 3-4 BL 9 Syndicate Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account #: P90531 Lacanner

MIKE PIZZUTO Claimant
vs.
AUGUST PFEIFER 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: MIKE PIZZUTO
TELEPHONE NUMBER: 360-336-3349 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: OCTOBER 17, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: AUGUST PFEIFER
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P90531
428-009-004-0006
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): AUGUST PFEIFER
TELEPHONE NUMBER: 360-466-0279 ADDRESS: 612 CALDWYNIA STREET
LACANNER, WA 98271 PO. BOX 445 LACANNER.
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: OCTOBER 17, 2005



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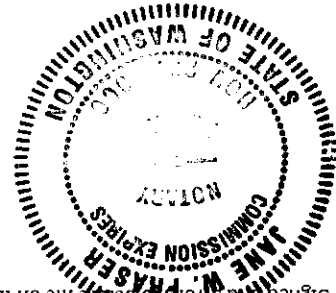


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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.



Print Name: Jane W. Fraser
Notary Public in and for the State of WA
My appointment expires: 11-25-2006

Signed and sworn to before me on this 28th day of November 2005

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.

Mike Pizzuto
County of Skagit
SS. }
STATE OF WASHINGTON

Claimant: Mike Pizzuto
Print or Type Name: 903 E. Division
Address: Mount Vernon, WA 98274
Telephone Number: 360-336-3394

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1804.04
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: