



200610130106

Skagit County Auditor

10/13/2006 Page 1 of 2 2:09PM

Martinez Lawn Care

Return Address:

1714 S. 14th St.

Mt. 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) Mark Olcott (2) Jane Doe Spouse Add'l. on pg _____

Grantee(s) (Claimants): (1) Alfredo Martinez (2) dba Martinez Lawn Care Add'l. on pg _____

Legal Description (abbreviated): Eaglemont Phase 1 A, Lot 20 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P104287

Martinez Lawn Care

Claimant

Mark Olcott and

Name of person indebted to Claimant

Jane Doe Spouse

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: Alfredo Martinez
TELEPHONE NUMBER: 3604280823 ADDRESS: 1714 S. 14th St, Mt. Vernon, wa 98274
- 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: March 2002
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Mark Olcott
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 4404 Landmark Dr. Mt. Vernon, wa 98274 Eaglemont Phase 1 A, Lot 20
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Mark Olcott
TELEPHONE NUMBER: _____ ADDRESS: 4404 Landmark Dr, Mt. Vernon, wa 98274
- 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 2006



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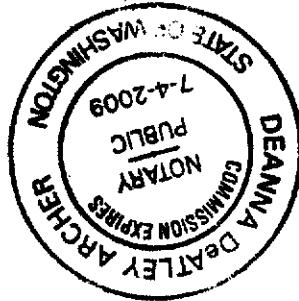


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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



My appointment expires: 7-4-2009
Notary Public in and for the State of WASHINGTON
Print Name: Deanna Deatley Archer

Signed and sworn to before me on this 3rd day of October 2006

ALFREDO MARTINEZ, 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.

STATE OF WASHINGTON }
County of Skagit }
ss.

Claimant: Martinez Loun Care aka Alfredo Martinez
Print or Type Name: Alfredo Martinez - owner
Address: Mt. Vernon, WA 98273
Telephone Number: 360-428-4823

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1720.00 + 12% Interest accruing until paid in full.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: —