

UNRECORDED



200704030105  
Skagit County Auditor  
4/3/2007 Page 1 of 2 3:02PM

Return Address:  
Mt. Vernon Carpet Center  
PO Box 1166  
Mt. Vernon, WA 98213-1166

### 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) Ronald Auckland, Ronald (2) Auckland, Carrie Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) Mt. Vernon Carpet Center (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): Lot 3, Lyman SP2002-01 Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # 350617-0-082-0200

Mt. Vernon Carpet Center  
Claimant  
}  
Auckland, Ronald  
vs.  
} 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: Mt. Vernon Carpet Center (Tom Brown)  
TELEPHONE NUMBER: 360-330-6533 ADDRESS: 400 W. Fir  
Mt. Vernon, WA 98213
- 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 16, 2006
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ronald Auckland
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 31485 W. 1st St.  
Lot 3, Lyman SP2002-01 Lyman, WA 98263
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Ronald Auckland  
TELEPHONE NUMBER: 360-661-0013 ADDRESS: \_\_\_\_\_
- 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: January 4, 2007



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Claim of Lien

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 Danielle Soren  
Notary Public in and for the State of Washington  
My appointment expires: 9-3-2009

Signed and sworn to before me on this 3rd day of April, 2007

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 Skaigt  
SS. Thomas Lee Brown

Claimant Thomas Lee Brown  
Print or Type Name Mt. Vernon Carpet Center  
Address 400 W. Fir, Mt. Vernon, WA 98273  
Telephone Number (360) 336-1033

2. PRINCIPAL AMOUNT FOR WHICH THE LIENS CLAIMED IS: \$21073.04  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE.