200707030052
Skagit County Auditor
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Return Address:
Mt. Vernon Carpet Center
PO Box 11606
Mt. Vernon, WA 98273-11606

# 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) Roy G. Moreno Jr. (2) Rachel R. Moreno Add'l. on pg ___
Grantee(s) (Claimants): (1) Mt Vernon Carpet Center (2) _____ Add'l. on pg ___
Legal Description (abbreviated): Bay Hill Village Division 1 Lot 416 Add'l. legal is on page ___
Assessor's Property Tax Parcel /Account # _____

Mt. Vernon Carpet Center
Claimant
vs.
Rachel R. Moreno a/k/a (Nyberg)
Name of person indebted to Claimant

P95898

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: Mt. Vernon Carpet Center
TELEPHONE NUMBER: (360) 336-6033 ADDRESS: 400 W. Fir
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: April 4, 2007

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Rachel R. Moreno a/k/a (Nyberg)

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 16858 Augusta Ln
Burlington, WA 98233
Lot 416, Plat of Bay Hill Village Division No. 1

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Rachel R. Moreno
TELEPHONE NUMBER: (360) 661-7111 ADDRESS: 16858 Augusta Ln
Burlington, WA 98233

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: April 4, 2007

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $611.80

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Claimant

Lisa Newman
Print or Type Name

Mt. Vernon Carpet Center
Address

400 W. Fir Mt. Vernon, WA 98273

(360) 336-0533
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

_____, 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.

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

DANIELLE SOREN
COMMISSION EXPIRES
NOTARY
PUBLIC
9-3-2009
STATE OF WASHINGTON

Print Name Danielle Soren

*Notary Public in and for the State of* Washington

My appointment expires: 9-3-2009

**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.**

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