



200711280091

Skagit County Auditor

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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

MOSBRUCKER EXCAVATING, INC.

Claimant.

VS

DOUGLAS R. HANSON

(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: MOSBRUCKER EXCAVATING, INC.
TELEPHONE NUMBER: (425) 776-0808
ADDRESS: P. O. BOX 745, BOTHELL, WA. 98041-0745
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: JULY 17, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: DOUGLAS R. HANSON, 9249 FREMONT AVE N, SEATTLE, WA. 98103-3143
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 33815 SOUTH SHORE DR, MOUNT VERNON, WA.
LEGAL DESCRIPTION: LOT 117, AND THE WEST HALF OF LOT 116, BLOCK 1, AND LOT 78, AND THE WEST HALF OF LOT 77, BLOCK 3, LAKE CAVANAUGH SUBDIVISION NO. 2, AS PER SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200509300011, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P66595
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
DOUGLAS R. & CAPREE K. HANSON, P.O. BOX 25069, SEATTLE, WA. 98165
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: AUGUST 30, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$5,424.99 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
N/A.

For, MOSBRUCKER EXCAVATING, INC., Claimant

P. O. BOX 745

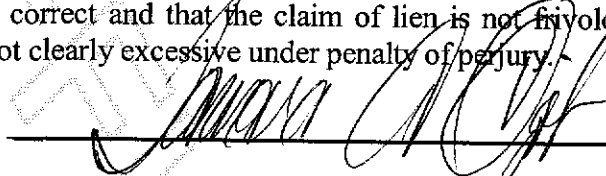
BOTHELL, WA. 98041-0745

(425) 776-0808

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

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

TAMARA A OQUIST, 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.

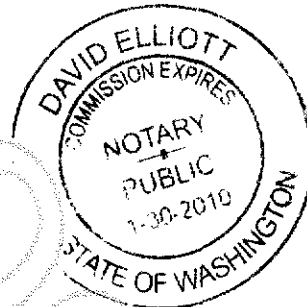


On this day personally appeared before me, TAMARA A OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, 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 27 day of November, 2007



PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2010



Order #07-111676, dated: 11/21/2007



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