200804230092
Skagit County Auditor
4/23/2008 Page 1 of 2 1:50PM

After recording return to:

Woiwod
2365 Crosby Drive
Mount Vernon, Wash. 98274

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): JACOB T. WOIWOD and WHITNEY WOIWOD
Grantee (Claimant): TIMOTHY T. WOIWOD and LINDA P. WOIWOD
Abbreviated Legal Description: SKAGIT HIGHLANDS DIV W PUD LOT 65
Assessor's Property Tax Parcel or Account No: 124977
Reference No(s) of Related Documents:

TIMOTHY T. and LINDA P. WOIWOD,
Claimant,

vs.

JACOB T and WHITNEY WOIWOD,
Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: TIMOTHY T AND LINDA P. WOIWOD
   Telephone Number: 360-424-1022 Address: 2365 CROSBY MT. 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:

3. Name of person indebted to the Claimant: JACOB T and WHITNEY WOIWOD

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4656 NOOKSACK LOOP MT. VERNON VERNON, WA 98274 ACRES 0.09 AF 200608230062 SW 1/4 OF NE 1/4

5. Name of the owner or reputed owner (If not known state "unknown"): JACOB T. and WHITNEY WOIWOD

6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 04-20-08

(OVER)

7. Principal amount for which the lien is claimed is: $7000.00

8. If the Claimant is the assignee of this claim so state here: YES

Timothy T. Woiwod
CLAIMANT

Timothy T. Woiwod
CLAIMANT'S NAME (TYPED OR PRINTED)

2365 CROSBY
STREET ADDRESS

MT VERNON WA 98274 360-424-1022
CITY STATE ZIP PHONE

STATE OF WASHINGTON,
County of Skagit } ss.

Timothy Woiwod, 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 April 23, 2008

Notary Public for Washington
My appointment expires 08/20/2010

SHANNON NOOTENBOER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 08-20-2010

200804230092
Skagit County Auditor
4/23/2008 Page 2 of 2 1:50PM