



200804230092

Skagit County Auditor

4/23/2008 Page 1 of 2 1:50PM

**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 RE 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)



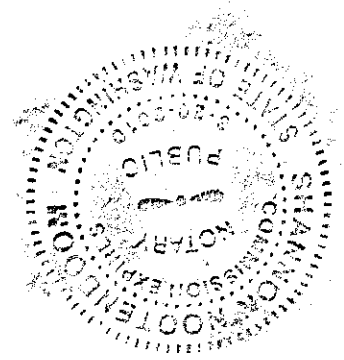
Form No. 90 - Claim of Lien

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Skagit County Auditor
200804230092



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

Timothy T. Woivod
APR 12 2008

SIGNED AND SWORN TO before me on

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. Timothy Woivod

CLAIMANT
Timothy T. WOIVOD
CLAIMANT'S NAME (TYPED OR PRINTED)
2365 CROSBY
STREET ADDRESS
MTVERNON WA 98274
CITY STATE ZIP PHONE
960-424-1022

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