

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.

P. O. BOX 148

MARYSVILLE, WA 98270

CLAIM OF LIEN

SKAGIT READY MIX
Claimant.
VS
ALFREDO NAVARRO, JR
(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: SKAGIT READY MIX
TELEPHONE NUMBER: (360) 856-0422
ADDRESS: 207 JONES RD., SEDRO WOOLLEY, WA. 98284
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 26, 2008
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ALFREDO NAVARRO, JR, 21000 STATE ROUTE 534, MOUNT VERNON, WA. 98274
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 21000 STATE ROUTE 534, MOUNT VERNON, WA.
LEGAL DESCRIPTION: THAT PORTION OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M. DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE EAST QUARTER CORNER, THENCE NORTH 00°03'46" EAST ALONG THE EAST LINE OF THE NORTHEAST QUARTER 547.93 FEET TO THE SOUTHERLY RIGHT OF WAY LINE OF HIGHWAY; THENCE NORTH 63°11'10" WEST ALONG THE SOUTHERLY RIGHT OF WAY OF HIGHWAY 279.81 FEET; THENCE SOUTH 00°03'46" WEST 682.21 FEET MORE OR LESS TO THE SOUTH LINE OF THE NORTHEAST QUARTER; THENCE NORTH 88°09'00" EAST ALONG THE SOUTH LINE MORE OR LESS TO THE TRUE POINT OF BEGINNING. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P17084
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): CARMEN NAVARRO, C/O ALFREDO NAVARRO, 21000 STATE ROUTE 534, MOUNT VERNON, WA. 98274
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 26, 2008
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$223.95 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, SKAGIT READY MIX, Claimant

207 JONES RD

SEDRÖ WOOLLEY, WA. 98284

(360) 856-0422

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

STATE OF WASHINGTON

) ss

COUNTY OF SNOHOMISH

JUDY SARKIS, 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, JUDY SARKIS, 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 2 day of June, 2008

[Signature]

PRINTED NAME: DAVID ELLIOTT

NOTARY PUBLIC

in and for the State of Washington.

Residing in: EVERETT

My commission expires: 1/30/2010

Order #08-052371, dated: 5/28/2008

