



200806160181
Skagit County Auditor

6/16/2008 Page 1 of 2 2:32PM

200710160046
Skagit County Auditor

10/16/2007 Page 1 of 2 11:23AM

Return Address:

MIKE PIZZATO
903 E. DIVISION
MOUNT VERMONT, WA 98274

CLAIM OF LIEN * re-record to renew 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) _____ (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): PTN LOTS 3-4 BL9 SYNDICATE ADD LACONNER Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P90531

MIKE PIZZATO
Claimant
vs.
AUGUST PFEIFER
Name of person indebted to Claimant

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:

- NAME OF LIEN CLAIMANT: MIKE PIZZATO
TELEPHONE NUMBER: 360-336-3394 ADDRESS: 903 E. DIVISION
MOUNT VERMONT, WA 98274
- 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: OCTOBER 17, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: AUGUST PFEIFER
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P90531
4128-009-004-0006
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): AUGUST PFEIFER
TELEPHONE NUMBER: 360-466-0279 ADDRESS: 612 CALEDONIA STREET
LACONNER, WA 98257 P.O. Box 495 LACONNER
- 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: OCTOBER 17, 2005





Skagit County Auditor
200806160181



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.



My appointment expires: 08/20/2010
Notary Public in and for the State of WA

Print Name: Shannon Northstrom
Shannon Northstrom

Signed and sworn to before me on this 16 day of October, 2007

under penalty of perjury. 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
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee of an employee benefit plan) above named: Mike Pizze

STATE OF WASHINGTON
County of Skagit
ss. }
Mike Pizze

Claimant: Mike Pizze
Print or Type Name: 903 E. Division
Address: Mount Vernon, WA 98274
Telephone Number: 360-336-3374

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3047.89
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :