



200809110059

Skagit County Auditor

9/11/2008 Page 1 of 2 11:01AM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 3409
ARLINGTON, WA. 98223

CLAIM OF LIEN

CUZ CONCRETE PRODUCTS, INC.

Claimant.

VS

HANSELL MITZEL HOMES LLC

(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: CUZ CONCRETE PRODUCTS, INC.

TELEPHONE NUMBER: (360) 435-5531

ADDRESS: 19604 67TH AVE NE, ARLINGTON, WA. 98223

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: MAY 28, 2008

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: HANSELL MITZEL HOMES LLC, P.O. BOX 2523, MOUNT VERNON, WA. 98273

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: 30TH STREET RETIREMENT CENTER, 3100 N. 30TH ST, MOUNT VERNON, WA.

LEGAL DESCRIPTION: LOT 1 AND TRACT 902, AKA OPEN SPACE, OF HIGHLAND GREENS, A PLANNED UNIT DEVELOPMENT, DIVISION V, AS RECORDED UNDER AUDITOR'S FILE NO. 200804070155, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P127494 & P127497

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):

HIGHLAND GREENS SENIOR APT LLC, 3420 TRUMPTER DR, MOUNT VERNON, WA. 98273 / HANSELL MITZEL LLC P.O. BOX 2523 MOUNT VERNON WA 98273

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: JUNE 19, 2008

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$18,865.08 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, CUZ CONCRETE PRODUCTS, INC., Claimant

19604 67TH AVE NE
ARLINGTON, WA. 98223

(360) 435-5531

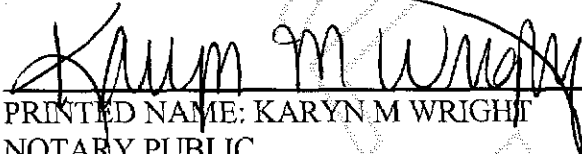
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

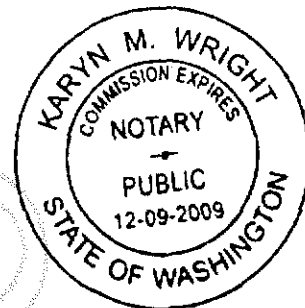
CHRIS MCCRARY, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and 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, CHRIS MCCRARY, 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 3 day of September, 2008


PRINTED NAME: KARYN M WRIGHT
NOTARY PUBLIC

in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 12/9/2009



Order #08-082389, dated: 8/28/2008



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