

**PREPARED BY, RECORDING
REQUESTED BY AND RETURN TO:**

AIMEE WALKER
HD SUPPLY/WHITE CAP CONST. SUPPLY
297 S. VASCO RD.
LIVERMORE, CA 94551



200903100046

Skagit County Auditor

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**CLAIM OF LIEN (PRIVATE PROJECT)
(RCW 60.04.091)**

Claimant (Grantee):

HD SUPPLY/WHITE CAP CONST. SUPPLY, 297 S. VASCO RD., LIVERMORE, CA. 94551

Person or Company Indebted To Claimant (Grantor):

HANSELL MITZEL HOMES, PO BOX 2523, Mount Vernon, WA 98273

Abbreviated Legal Description:

SENIOR TRIPLEX, 3100 N 30TH, Mount Vernon, WA 98274 in the County of Skagit

Assessor's Property Tax Parcel/Account No.:

P127494

NOTICE IS HEREBY GIVEN THAT THE UNDERSIGNED CLAIMS A LIEN PURSUANT TO CHAPTER 60.04 RCW.

In support of this Lien, the following information is submitted:

1. Name of Lien Claimant:

HD SUPPLY/WHITE CAP CONST. SUPPLY, 297 S. VASCO RD., LIVERMORE, CA 94551

2. Date on which the Claimant began to perform labor, provide professional services, supply materials or equipment, or the date on which on which employee benefit contributions became due: June 24, 2008

3. Name of the person who requested labor, materials and equipment and who is indebted to the Claimant:

HANSELL MITZEL HOMES, PO BOX 2523, Mount Vernon, WA 98273

4. Description of the property against which the lien is claimed:

SENIOR TRIPLEX, 3100 N 30TH, Mount Vernon, WA 98274 in the County of Skagit

And more fully described as:

5. Name of Owner or Reputed Owner:

SALMON VILLAGE CORP, 3420 TRUMPTER DR, Mount Vernon, WA 98273

6. 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: November 24, 2008

7. Principal amount for which the lien is claimed: \$11,265.77

8. If the Claimant is the assignee of this claim so state: ☐ NO

☒ YES, Name of Assignor: HD Supply White Cap Const.

Dated January 26, 2009 for HD SUPPLY/WHITE CAP CONST. SUPPLY, 297 S. VASCO RD., LIVERMORE, CA. 94551, Phone: (925) 961-8970, Fax: (925) 961-8971

By: Aimee Walker

AIMEE WALKER, CREDIT MANAGER

VERIFICATION

State of California)

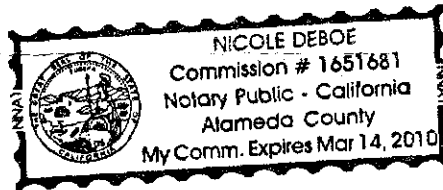
County of ~~Skagit~~ Alameda) §

I, AIMEE WALKER, being first duly sworn upon oath, deposes and says: That 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 the penalty of perjury.

By: Aimee Walker AIMEE WALKER, CREDIT MANAGER

SUBSCRIBED and SWORN TO before me this 26th day of January, 2009.

Nicole DeBoe
NOTARY PUBLIC in and for the State of California
Residing at: ALAMEDA COUNTY
Commission expires: 03/14/2010



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