



200907280034
Skagit County Auditor

7/28/2009 Page 1 of 2 10:15AM

After recording, return to (Name, Address, Zip):

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): -----
Grantee (Claimant): -----
Abbreviated Legal Description: -----
Assessor's Property Tax Parcel or Account No: -----
Reference No(s) of Related Documents: -----

PARTNERS INSULATION INC.

Claimant,

vs.

LISHERNESS JOSEPH D

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:

- Name of Lien Claimant: PARTNERS INSULATION INC.
Telephone Number: 360-336-3639 Address: 114 LIND ST
MOUNT Vernon wa 98273
- 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: 5-25-2009
- Name of person indebted to the Claimant: Joseph D. Lisherness
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): P.108075
37961 THEO LANE Concrete wa 98237
SKAGIT SUNSET DIV #1, LOT 1, ACRES 1.04
- Name of the owner or reputed owner (If not known state "unknown"):
LISHERNESS JOSEPH PRAIRIE Const
- 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: 4-25-09

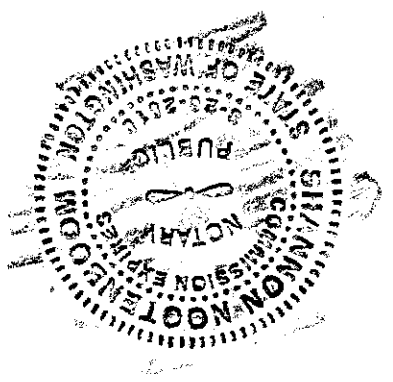
(OVER)



Skagit County Auditor
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UNOFFICIAL COPY



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

SIGNED AND SWORN TO before me on July 28, 2009
Edwardo Nuno

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.

Edwardo Nuno - Naples

STATE OF WASHINGTON
County of Skagit
ss.

CLAIMANT
PARTNERS INSULATION INC
Edwardo Nuno
CLAIMANT'S NAME (TYPED OR PRINTED)
EDUARDO NUNO
STREET ADDRESS
1603 Bickel
Duyki
M.T. Vernon wa
STATE
98243-3603
ZIP
PHONE
360-393-3859
CITY

7. Principal amount for which the lien is claimed is: 5,364.46
8. If the Claimant is the assignee of this claim so state here: