



200908140106

Skagit County Auditor

8/14/2009 Page 1 of 2 11:16AM

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

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Hansell-Mitzel Homes - Jeff Hansell
Grantee (Claimant): North Fork Nursery Inc. Gary Hayton
Abbreviated Legal Description: 2511 River Vista Place Mt. Vernon, Wash 98273
Assessor's Property Tax Parcel or Account No: D128221 #A D128222 #B
Reference No(s) of Related Documents: Invoice # 9257 - 9760

Gary Hayton
North Fork Nursery, Inc.
Claimant,
vs.
Jeff Hansell
Hansell Mitzel Homes
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:

1. Name of Lien Claimant: Gary Hayton
Telephone Number: 360-445-4741 Address: 15751 Pokan Rd.
Mt. Vernon, WA 98273
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: 4-27-09
3. Name of person indebted to the Claimant: Jeff Hansell Hansell mitzel Homes
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 2511 River Vista Place
Mt. Vernon, WASH. 98273 Unit 35A First Amend Plat
Full Townhome Section 9 Township 34 Range 4 SW
5. Name of the owner or reputed owner (If not known state "unknown"): Hansell Mitzel Homes
6. 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: 6-16-09

(OVER)



Form No. 90 - Claim of Lien

ES

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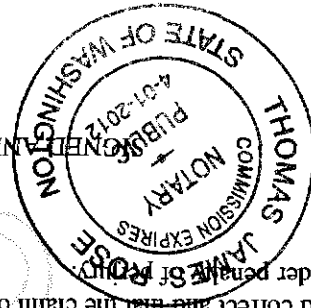
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Skagit County Auditor

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My appointment expires 4-1-2012
Notary Public for Washington
8-13-09



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.

Ray Hayter

County of Skagit
ss.

STATE OF WASHINGTON,

City STATE ZIP PHONE
Mt. Vernon Wash 98273 360-445-4741

STREET ADDRESS

15751 Palsen Rd.

CLAIMANT'S NAME (TYPED OR PRINTED)

Ray Hayter

CLAIMANT

Ray Hayter

8. If the Claimant is the assignee of this claim so state here:

yes

7. Principal amount for which the lien is claimed is:

\$7843.50