200908140106
Skagit County Auditor
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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: P128221 #A P128222 #B
Reference No(s) of Related Documents: Invoice # 9757 - 9760

Gary Hayton
North Fork Nursery Inc.,
Claimant,

vs.

Jeff Hansell
Hansell Mitzell 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 Dixon 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 Pod 4A Fall Townhome Section 9 Township 34 Range 4 SW

5. Name of the owner or reputed owner (If not known state "unknown"): Hansell Mitzell 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)

7. Principal amount for which the lien is claimed is: $ 7842.50

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

Gary Hayton
CLAIMANT

Gary Hayton
CLAIMANT'S NAME (TYPED OR PRINTED)

15751 Olson Rd.
STREET ADDRESS

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

STATE OF WASHINGTON,
County of Skagit } ss.

Gary Hayton, being sworn, says: 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 penalty of perjury.

THOMAS JAMES ROSE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 4-01-2012

SIGNED AND SWORN TO before me on 8-13-09

Notary Public for Washington
My appointment expires 4-1-2012

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