



200910140054

Skagit County Auditor

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200902170105

Skagit County Auditor

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Return Address:

MIKE PIZZUTO

903 E. DIVISION

MOUNT VERNON, WA 98274

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): 200710160045 200806160182 Renew

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): PTN LOTS 3-9 ALL F; 6BL9 SYNDICATE ADD Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P74291 LACONNER

MIKE PIZZUTO

Claimant

vs.

AUGUST PFEIFER

Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: MIKE PIZZUTO
TELEPHONE NUMBER: 360-336-3394 ADDRESS: 903 E. DIVISION
MOUNT VERNON, WA 98274
- 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: OCTOBER 17, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: AUGUST PFEIFER
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P74291
4128-009-006-0004
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): AUGUST PFEIFER
TELEPHONE NUMBER: 360-466-0279 ADDRESS: 612 CALEDONIA STREET
LACONNER, WA 98257 P.O. Box 495 LACONNER
- 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: OCTOBER 17, 2005



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.wlbforms.com



NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

Signed and sworn to before me on this _____ day of _____, 2009

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

STATE OF WASHINGTON
County of _____
SS. _____

Claimant _____
Print or Type Name _____
Address _____
Telephone Number _____

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4317.92
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____