



201007300015
Skagit County Auditor

7/30/2010 Page 1 of 2 8:47AM

Return Address:

15310 Cottonwood Lane
Mt. Vernon WA
98273

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): _____		
Grantor(s) (Owner): (1) _____	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) _____	(2) _____	Add'l. on pg _____
Legal Description (abbreviated): <u>GL 05/33/03</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P15423</u>		

Tom Hloyd } Claimant
 vs. }
Joe + Tracy Wilson }
 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:

1. NAME OF LIEN CLAIMANT: Tom Hloyd
 TELEPHONE NUMBER: 360-798-0863 ADDRESS: 15310 Cottonwood Lane
Mt. Vernon WA
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: 12-10-2009
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Joe Wilson
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 18071 Valentine Road Mt. Vernon WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Joe Wilson
 TELEPHONE NUMBER: 360-310-0472 ADDRESS: 18071 Valentine Rd
Mt. Vernon WA 98273
6. 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: 4-23-2010





Claim of Lien
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7/30/2010 Page 2 of 2 8:47AM

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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.



Signed and sworn to before me on this 30 day of July 2010
Print Name James W. Davis
Notary Public in and for the State of WA
My appointment expires: 10-1-2013

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.
Tom Lloyd

STATE OF WASHINGTON
County of Skagit
ss. Tom Lloyd

Print or Type Name
Address 15310 Cottonwood Lane
Mt. Vernon WA
Telephone Number 360-708-0863

Claimant Tom Lloyd

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 33,250.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: