201105310061
Skagit County Auditor
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Return Address:
Mt. Baker Roofing, Inc
3950 Home Rd
Bellingham, WA 98226

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): INV # 27007
Grantor(s) (Owner): (1) Jim & Monica Novello (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) Mt. Baker Roofing Inc (2) _____ Add'l. on pg___
Legal Description (abbreviated): Mt Baker View add to Mt Vernon Lt 66 Add'l. legal is on page___
Assessor's Property Tax Parcel / Account # P53811

Mt. Baker Roofing, Inc
Claimant
vs.
Jim & Monica Novello
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: Mt. Baker Roofing, Inc
TELEPHONE NUMBER: 360 733-9911 ADDRESS: 3950 Home Rd
Bellingham, WA 98226

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: 3/8/2011

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Jim & Monica Novello

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
610 Streeter PL Mt. Vernon, WA 98273
Mt Baker View add to Mt Vernon Lt 66

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Jim & Monica Novello
TELEPHONE NUMBER: 360 755-3758 ADDRESS: 610 Streeter PL
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: 3/9/2011

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $2,755.39 plus Interest & Fees

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Mt. Baker Roofing, Inc
Claimant
Diana L Johnson
Print or Type Name
3950 Home Rd
Address
Bellingham, WA 98226
360 733-0191
Telephone Number

STATE OF WASHINGTON }
} ss.
County of _____ }

Diana L Johnson, 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.

Diana Johnson Vice Pres.

Signed and sworn to before me on this 26th day of May 2011.

TAUNYA J. LANKHAAR
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 01, 2012

Taunya J Lankhaar
Print Name Taunya J. Lankhaar
Notary Public in and for the State of Washington
My appointment expires: April 1, 2012

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.

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