



201204270058  
Skagit County Auditor

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201007300015  
Skagit County Auditor

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Return Address:

15310 Cottonwood Lane  
Mt Vernon WA  
98273

### CLAIM OF LIEN Re-Record to Renew 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  
Joe + Tracey Wilson } vs.  
 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: Tom Hloyd  
TELEPHONE NUMBER: 360 708 0863 ADDRESS: 15310 Cottonwood Ln Mt. Vernon WA
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Joe Wilson
- 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
- 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
- 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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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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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 Joseph Y. Danka  
Notary Public in and for the State of WA  
My appointment expires: 10-1-2013

Tom Lloyd  
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.

STATE OF WASHINGTON  
County of Skagit  
SS. Tom Lloyd

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 33,250 please attach  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: