



201211260159
Skagit County Auditor

11/26/2012 Page 1 of 2 12:35PM



201204270058
Skagit County Auditor

4/27/2012 Page 1 of 2 10:25AM



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

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): _____ Add new P# 5

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

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

Legal Description (abbreviated): GL 05/33/03 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P15423 - P70253 - P53185 ←

Tom Lloyd } Claimant
vs.
Joe + Tracey 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:

- NAME OF LIEN CLAIMANT: Tom Lloyd
TELEPHONE NUMBER: 360 798 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





11/26/2012 Page 2 of 2 2:12:35PM

201211260159
Skagit County Auditor



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.

My appointment expires: 10-1-2013

Notary Public in and for the State of WA

Print Name: *James R. Davis*

day of July 30 2010

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: *560-708-0863*

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

