



200405140151  
Skagit County Auditor

5/14/2004 Page 1 of 2 2:16PM

Return Address:

Pacific Concrete Pumping  
16424 NE 122<sup>ND</sup> ST  
Redmond WA 98052

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

Reference # (If applicable):

Grantor(s) (Owner): (1) Matt Janes Construction (2) Gerald and Donna Baptista Add'l on pg

Grantee(s) (Claimants): (1) Pacific Concrete Pumping (2) Add'l on pg

Legal Description (abbreviated): Quarter: 03 Section: 27 Township: 33 Range: 04 Add'l legal is on pg

Assessor's Property Tax Parcel/Account # P118079

Pacific Concrete Pumping	Claimant	)
		)
vs.		)
		)
Matt Janes Construction	Contractor	)
and		)
Gerald and Donna Baptista	Owner	)

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: PACIFIC CONCRETE PUMPING  
TELEPHONE NUMBER: (425) 885-1358 ADDRESS: 16424 NE 122<sup>ND</sup> ST REDMOND WA 98052
- DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT ON THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 2/14/04
- NAME OF PERSON INDEBTED TO THE CLAIMANT: MATT JANES CONSTRUCTION
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
21044 TYEE RD MOUNT VERNON WA
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):  
GERALD & DONNA BAPTISTA TELEPHONE NUMBER:  
ADDRESS: 2030 192<sup>ND</sup> PL SW LYNNWOOD WA 98036
- 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: 2/14/04

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,118.56

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

*Randi Oxford*

Claimant

Randi Oxford

Print or Type Name

16424 NE 122<sup>ND</sup> ST REDMOND WA 98052

Address

(425) 885-1358

Telephone Number

STATE OF WASHINGTON

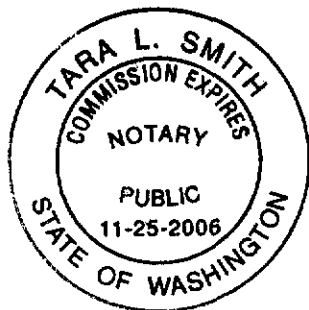
} ss.

County of SKAGIT

**Randi Oxford**, 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.

*Randi Oxford*

Date this 11<sup>th</sup> day of May, 2004.



*Tara L. Smith*

Print Name

Tara L. Smith

Notary Public in and for the State of Washington

My appointment expires:

11-25-06

**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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