

UNRECORDED



200511280134
Skagit County Auditor

11/28/2005 Page 1 of 2 11:14AM

Return Address:
MIKE PIZZUTO
903 E. DIVISION
MOUNT VERNON WA 98274

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): lots 9-10 BL 14 syndicate Add'l Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P74340

MIKE PIZZUTO Claimant } LACONNER
 vs. }
AUGUST PFEIFER 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: MIKE PIZZUTO
 TELEPHONE NUMBER: 360-336-3374 ADDRESS: 903 E. DIVISION
MOUNT VERNON, WA 98274
- 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: OCTOBER 17, 2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: AUGUST PFEIFER
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): P74340
428-014-010-000
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): AUGUST PFEIFER
 TELEPHONE NUMBER: 360-466-0279 ADDRESS: 612 CALEDONIA STREET
LACONNER, WA 98257 P.O. Box 495 LACONNER
- 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: OCTOBER 17, 2005

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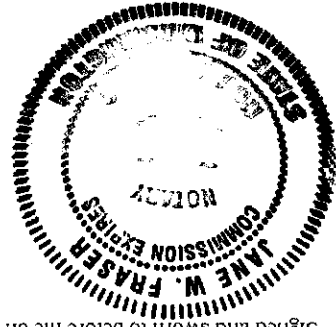


www.wahlegalblank.com

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.



Print Name: Jane W. Fraser
Notary Public in and for the State of WA
My appointment expires: 11-25-2006

Signed and sworn to before me on this 20th day of November 2005

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.

Mike Pizzuto
County of Skagit
SS. }
STATE OF WASHINGTON

Claimant: MIKE PIZZUTO
Print or Type Name: Mike Pizzuto
Address: 903 E. DIVISION MOUNT VERNON, WA 98274
Telephone Number: 360-336-3394

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1804.04
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: