



200703130099
Skagit County Auditor

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200608230050
Skagit County Auditor

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Return Address:

MIKE PIZZUTO
903 E. DIVISION
MOUNT VERNON, WA 98279

CLAIM OF LIEN Renew 200608230050

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): Renew 200511280134

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

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

Legal Description (abbreviated): LOTS 910BL14 SYNDICATE ADD TO LACUMNER Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P74390

MIKE PIZZUTO Claimant
 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: 360-336-3394 ADDRESS: 903 E. DIVISION
MOUNT VERNON, WA 98279
- 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): P74390
4128-014-010-0008
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): AUGUST PFEIFER
 TELEPHONE NUMBER: 360-966-0279 ADDRESS: 612 CALEDONIA STREET
LACUMNER, WA 98257 P.O. Box 495 LACUMNER
- 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





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 23 day of August 2006
Print Name Gregory J. Kavala
Notary Public in and for the State of WA
My appointment expires: 10-1-09

under penalty of perjury.
and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true
ney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
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

STATE OF WASHINGTON
County of Skagit
SS. Mike Pizzuto

Claimant Mike Pizzuto
Print or Type Name 903 E. Division
Address Mount Vernon, WA 98274
Telephone Number 360-336-3399

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 82647.62
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

