



200806160183

Skagit County Auditor

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Return Address:

MIKE PIZZUTO

903 E. DIVISION

MOUNT VERMONT, WA 98274

### 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): LOTS 9 TO B-19 SYNDICATE ADD TO CALAMNER Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P79390

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: 360-336-3399 ADDRESS: 903 E. DIVISION  
MOUNT VERMONT, 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): P79390  
4128-014-010-0508
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): AUGUST PFEIFER  
TELEPHONE NUMBER: 360-466-0279 ADDRESS: 612 CALIFORNIA STREET  
CALAMNER, WA 98257 P.O. Box 495 CALAMNER
- 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



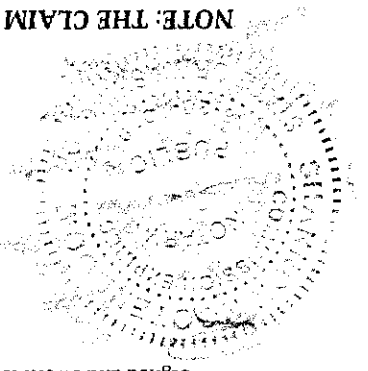


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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name Shannon Nottstrom  
Notary Public in and for the State of WA  
My appointment expires: 08/20/2010

Signed and sworn to before me on this 16 day of October, 2007

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. MIKE RIZZTO

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3047.89  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: