



200912040063
Skagit County Auditor

12/4/2009 Page 1 of 2 3:47PM

After recording, return to (Name, Address, Zip):

Hector Trujillo
1425 N. Laventure Rd.
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Gabriella Cuevas
Grantee (Claimant): Hector Trujillo
Abbreviated Legal Description: Lot 10, Block 9 Plat of town of Sedro
Assessor's Property Tax Parcel or Account No: P75359
Reference No(s) of Related Documents:

Hector Trujillo
Claimant,
vs. Gabriella Cuevas and Miguel mendoza
Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

- Name of Lien Claimant: Hector Trujillo
Telephone Number: (360) 333-1025/1 Address: 1425 N. Laventure Rd
Mount Vernon, WA 98273
- 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: July 10th, 2009
- Name of person indebted to the Claimant: Gabriella Cuevas & Miguel mendoza
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): Single family home on
1037 Bennett St., Sedro-woolley, Washington 98284
- Name of the owner or reputed owner (If not known state "unknown"): Gabriella Cuevas
and Miguel mendoza
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: December 1st 2009

(OVER)



Form No. 90 - Claim of Lien

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Skagit County Auditor

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SIGNED AND SWORN TO before me on December 4 2009

Hector Trujillo
 Notary Public for Washington
 My appointment expires 10-1-2013

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.

Hector Trujillo

County of Skagit } ss.

STATE OF WASHINGTON,



CLAIMANT Hector Trujillo
 CLAIMANT'S NAME (TYPED OR PRINTED)
1425 N. Laventure Rd.
 STREET ADDRESS
Mount Vernon WA 98273 333-0251
 CITY STATE ZIP PHONE
(360)

7. Principal amount for which the lien is claimed is: \$6,940.00
 8. If the Claimant is the assignee of this claim so state here: _____