



201011010120
Skagit County Auditor

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200912040083
Skagit County Auditor

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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 ^{REMOVED TO RENEW}
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 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
1637 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)



Skagit County Auditor

201011010120



My appointment expires _____
Notary Public for Washington _____

[Signature]
December 4 2009
SIGNED AND SWORN TO before me on _____

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. Hector Trujillo
being sworn, says: I am the

CLAIMANT Hector Trujillo
CLAIMANT'S NAME (TYPED OR PRINTED) Hector Trujillo
STREET ADDRESS 1425 N. Laventure Rd.
CITY STATE ZIP PHONE Mount Vernon WA 98273 333.0251 (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: _____

DUPLICATE