



200511150097
Skagit County Auditor

11/15/2005 Page 1 of 2 11:56AM

RETURN ADDRESS:

Seacrest Home Owners Association
c/o Hunter
PO Box 1056
Anacortes, WA 98221

CLAIM OF LIEN

REF NO. OF RELATED DOC (if applicable): Home Owners Dues Statement 11/1/05

GRANTEE Seacrest Home Owners Association

GRANTOR: Stephanie A. Cox and John-Paul Russell Cox

ADD'L ON PAGE _____ (if applicable): _____

ABBR LEGAL DESCRIPTION: Lot 3 Survey 200408120020 p/n BL 1401

ASSESSOR'S TAX PARCEL NO.: P 116202 NPA

Notice is 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:

1. NAME OF CLAIMANT: Cory Hunter, Treasurer - Seacrest Home Owners Assoc
TELEPHONE NUMBER: 360-588-0888
ADDRESS: PO Box 1056
Anacortes WA 98221
2. 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:
Quarterly dues were due 7/31/05 and 10/31/05 + late fees
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Stephanie A. Cox and
John-Paul Russell Cox

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED
(Street address, legal description or other information that will reasonably describe the property): 3908 Oakes Avenue Anacortes WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known, state "unknown"):
Stephanie A. Cox and John - Paul Russell Cox

6. 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:

HOA dues are a lien Priority per CC+R's Article 8 section 8.1
filed with auditor 10/31/2001 (one thousand
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1400.00 and four
plus interest on the unpaid principal balance and costs of collection, including, but not hundred
limited to, attorneys fees and costs at trial and on appeal. dollars)

8. IF THE CLAIMANT IS THE ASSIGNEE OF THE CLAIM, SO STATE HERE:

Cornelia S. Hunter, CLAIMANT

Telephone: 360-588-0888

Address: PO BOX 1056
Anacortes WA 98221

STATE OF WASHINGTON)

COUNTY OF Skagit) ss.

Cornelia S. Hunter 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.

Cornelia S. Hunter

Subscribed and sworn to before me this

15 day of November, 2005.

By: Joseph M. Zurek

Notary Public Expires 10-1-09
Residing in Burlington



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