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Skagit County Auditor
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CLAIM OF 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) Lisa Blymyer (2) Marcus Blymyer Add'l. on pg
Grantee(s) (Claimants): (1) Beaver lake view estates homeowners Association (2) Add'l. on pg
Legal Description (abbreviated): X ref ID 340518-4-001-0105 / quarter 4 Add'l. legal is on page
Assessor's Property Tax Parcel /Account # P30283 section 18 township 34 range 5
auditor file# 805508

Beaver lake View Estates homeowners assoc.
Claimant
vs.
Lisa & Marcus Blymyer
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:

1. NAME OF LIEN CLAIMANT: Beaver lake view Estate homeowners Ass.
TELEPHONE NUMBER: _____ ADDRESS: _____

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: _____

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Lisa & Marcus Blymyer

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 14552 Fawn Lane Mount Vernon, WA 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown") Lisa & Marcus Blymyer
TELEPHONE NUMBER: Unknown ADDRESS: 14552 Fawn Ln. Mt. Vernon WA 98273

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: _____

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: unpaid homeowners assoc. dues $1,080.00 (2000–2005)

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

Beaver Lake View Estates Homeowners assoc.
Claimant Monica Blaine
Print or Type Name 14459 Fawn Lane
Address Mount Vernon, WA 98273
360 8565163
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Monica Blaine, 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.

Monica Blaine

Signed and sworn to before me on this 18 day of November 2005

Print Name Wendy Zavala
Notary Public in and for the State of WA
My appointment expires: 10-1-09

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.

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