



200603010042

Skagit County Auditor

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Skagit County Sewer District #1
16846 Chilberg Avenue #D
LaConner, WA 98257

Sewer Lien

NOTICE IS HEREBY GIVEN that the Skagit County Sewer District No. 1 has and claims a lien for sewer charges against the following described premises situated in Skagit County, Washington, to wit:

Tax No.:

Legal Description

4026-000-007-005

SUNNY SLOPE LOT 7

Site Address: 9943 DAN STREET, LA CONNER, WA 98257


The reputed owner of which is Wesley & Rosemarie Jansen, 9943 Dan Street, La Conner, WA 98257

Said lien is claimed for November, December, 2005 plus January, February and March, 2006 and additional late charges for a grand total of \$323.30 and is also claimed for future sewerage collection charges, penalties and interest against said premises.

DATED: March 1, 2006

SKAGIT COUNTY SEWER DISTRICT NO. 1

By



Marie E. Dunbar, Administrator

STATE OF WASHINGTON

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

County of Skagit

I certify that I know or have satisfactory evidence that Marie E Dunbar is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 1 day of March 2006.

Print Name Judith Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-09

STATE OF WASHINGTON

SS. (CORPORATE ACKNOWLEDGMENT)

County of _____

On this _____ day of _____ personally appeared before me _____ to me known to be the _____ of the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ he _____ authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation
IN WITNESS Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

Print Name _____

Notary Public in and for the State of _____

My appointment expires: _____



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