



200607130105

Skagit County Auditor

7/13/2006 Page 1 of 3 12:03PM

Document Title: Lien

Reference Number:

Grantor(s):

additional grantor names on page ___

1. Debra Derosa

2.

Grantee(s):

additional grantee names on page ___

1. Burton Care Center

2.

Abbreviated legal description:

full legal on page(s) ___

N 200 FT OF S 1400 OF E 1/2 W 1/2 SW 1/4
LESS RD

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P27673

Claim of Lien

State of Washington

County of Skagit

Before me, the undersigned Notary Public, personally appeared Barbara Llewellyn
who duly sworn says that he is (the lienor herein) (the agent of the lienor herein) whose address is
1036 E. Victoria Ave., Burlington, WA 98233
and that in accordance with a contract with Eagle Healthcare, Inc., d.b.a. Burton Care Center
lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials
separately) Skilled Nursing Care from 1/04 - 11/04, Finance Charges through 2/06

on the following described real property in Skagit County,
State of Washington :

(Describe real property sufficiently for identification, including street and number: _____
N 200 FT of S 1400 of E 1/2 W 1/2 SW 1/4 LESS RD
PARCEL NUMBER: P27673
15779 MOUNTAIN VIEW ROAD, MT. VERNON, WA 98274-9407

owned
by DEBRA S. DEROSE of a
total value of thirty-five thousand six hundred ninety-six & 49/100 Dollars (\$ 35,696.49)
of which there remains unpaid thirty-five thousand six hundred ninety-six & 49/100 Dollars (\$ 35,696.49),
and furnished the first of the items on January 4, 20 04 and the last of the
items on February 28, 20 06 and (if the lien is claimed by one
not in privity with the owner) that the lienor served his notice to owner on July 13,
20 06 by Certified Mail
(Method of Service)

And, (if required) that the lienor served copies of the notice on the contract on _____,
20 _____, by _____, and on the subcontractor
(Method of Service)
on 20 _____, by _____, and (if known) on the
lender _____, on _____, by _____
(Method of Service)



Signed this 13th day of July, 2006

Lienor: Eagle Healthcare Inc., d.b.a. Burton Care Center

By: Barbara Llewellyn
Officer or Agent

State of Washington
County of Skagit }

On July 13, 2004 before me, Jacqueline Kemper,
appeared Barbara Llewellyn

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Jacqueline L. Kemper
Signature of Notary

Affiant Known Produced ID

Type of ID WA Driver's License
(Seal)

