



200702280158
Skagit County Auditor

2/28/2007 Page 1 of 2 1:42PM

Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Waiver of Lien

Date of this Document: 2/28/07

Reference Number of Any Related Documents: 200701230114 *Skagit County Auditor*

Lienholder:

Name Sauk River Estates Association
Street Address PO Box 152
City/State/Zip Rockport, WA 98283

Property Owner:

Name Randall Richard
Street Address 14750 Mountain View Ln.
City/State/Zip Concrete, WA 98237

Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): Sub. div 1 - interest in TRACTS A THRU G, all lots 63-64

Assessor's Property Tax Parcel/Account Number(s): P 68919 - 3994-000-064-0005

KNOW ALL MEN BY THESE PRESENTS: That I, Karen Schuel - Sauk River Estates Ass. President
the undersigned, for and in consideration of Two hundred eighty \$ ^{two} / 100 Dollars
(\$280.00) and other good and valuable consideration, to me paid, the receipt whereof is
hereby acknowledged, do hereby waive, release, remise and relinquish any and all right to claim any lien or liens for
work done or material furnished, or any kind or class of lien whatsoever on the following described property:

Sub. div 1 - interest in TRACTS A THRU G, all lots 63-64
P68919 - 3994-000-064-0005 #15022 Mountain View Ln
SAUK RIVER ESTATES Concrete, WA 98237

Title Owner of Said Property: Randell Richard

Signed, sealed and dated this _____ day of _____, 20____, at _____.

Signed in the presence of:

Witness' Signature

By Karen Droll
Lienholder's Signature

Witness' Signature

State of WA
County of Skagit

On 2/28/07 before me, Alison Hickok-Egger, appeared Karen Droll, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Alison Hickok-Egger
Signature



Affiant _____ Known X Produced ID

Type of ID _____
(Seal)



2/28/2007 Page 2 of 2
Skagit County Auditor