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[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: 7-3-200-7
Reference Number of Any Related Documents: Stay t Country auditors 200 701230 111
Lienholder: Name SAUK RIVER ESTATES ASSOCIATION
Name Street Address City/State/Zip Street Address City/State/Zip Street Address Rockport, wa 98283
Property Owner: Name Street Address City/State/Zip Concrets wa 98237
Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): Sub div. \(\text{LTS} - 53 - 55 - \text{S} -
Assessor's Property Tax Parcel/Account Number(s): P 68 984
the undersigned, for and in consideration of four Aunau & Sinth were Cstates President the undersigned, for and in consideration of four Aunau & Sinth with white Dollars (\$ 468,00) 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: PL8964 Subdiv 2 Lots 53,54,55 Plus INTEREST IN TRACTS H thru L 14855 Mountian View LN. SANK River Estates, Concrete 9823

Title Owner of Said Property: Rosemary SEIF	
Signed, sealed and dated this	·
Signed in the presence of:	
Faren Perel By Laver Derel- Sank Riven	Estates
Witness Signature Lienholder's Signature	
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Witness' Signature	
State of WA	
County of SKAgit	
on July 05, 07, before me. Darcie Lloyd and	
On Twy 05,07, before me, Darcie Lloyd, app Saran Droll , personally kn to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the	eared own
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	ne , and
that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, e ed the instrument.	xecut-
WITNESS my hand and official seal.	
Everil Glogol	
Signature	
AffiantX Known Produced ID	
Type of ID	
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