



200711020089
Skagit County Auditor

FORM E (RCW 60.04.091)

[Name of Claimant])
)
 Claimant,)
 MONTBORNE HEIGHTS)
 HOMEOWNERS ASSOCIATION)
 _____)

CLAIM OF LIEN

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

- MONTBORNE HEIGHTS HOMEOWNERS ASSOCIATION
 (Name of Claimant)
360-422-5173 or 360-422-5788
 (Telephone Number)
P.O. BOX 3562, MOUNT VERNON, WA 98273
 (Address of Claimant)

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:

Nonpayment of annual dues for years 2006, 2007. In respect to Bylaws, Article III, Paragraph 3.15(a), Amendment #5.

3. Name of person indebted to the claimant:
CHARLES F. BAGGETT, JR.

4. Description of the property against which a lien is claimed:
Parcel # P74624, Legal Address: Montborne PTN L&S 1-18 BLK 26
Mailing Address: 18133 State Route 9, Mount Vernon, WA, 98274

ARLENE C. BARTER, being sworn, says: I am 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.

Arlene C. Barter

Subscribed and sworn to before me this 2 day of November, 2007

Shannon Nootenboom

Printed Name: Shannon Nootenboom

NOTARY PUBLIC in and for the State

of Washington, residing at: Sedro Woolley

My commission expires: 08/20/2010



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