



200812090091
Skagit County Auditor

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After recording, return to
Joseph D. Bowen Attorney At Law
401 S. 2nd Street
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Darlene Carmody
Grantee (Claimant): The Cedars Condominium Owners Association
Abbreviated Legal Description: Lot 65 1061 Sinclair Wy Burlington WA, 98233.
Assessor's Property Tax Parcel or Account No: 4739-000-065-0000
Reference No(s) of Related Documents: Jan 08 assessments plus late penalty charges

The Cedars Condominium Owners Association
Claimant,

VS.

Darlene Carmody
Name of Person indebted to Claimant..

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:

Name of Lien claimant: The Cedars Condominium Owners Association

1. Telephone Number: (360)757-1653 Address: 1001 Cypress Court Burlington, WA 98233.
2. Date on which the Claimant began to perform labor, provide Professional services, Supply material of equipment or the date on which employee benefit contributions became due: Jan 19,2008
3. Name of person indebted to the Claimant: Darlene Carmody

4. Description of the property against which a lien is claimed (street address, legal description or the information that will reasonably describe the property): 1061 Sinclair Wy Burlington WA, 98233 Lot 65 of the Cedars.
5. Name of the owner or reputed owner (If not known state "unknown"): Darlene Carmody
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: Professional services are on going as common amenities paid by grantor the monthly dues. Grantor did not pay January 2008 due assessments amt owing consist of late charges at \$20.00 a month plus penalty charges of \$20.00.
7. principal amount for which the lien is claimed is: 334.00
8. if the claimant is the assignee of this claim so state here: H/A

Joseph D. Bowen
CLAIMANT WSBA 17631
JOSEPH D. BOWEN
CLAIMANT'S NAME (TYPED OR PRINTED)
466 S. JAY
STREET ADDRESS
MT. VERNON WA 98233 356-6555
CITY STATE ZIP PHONE

STATE OF WASHINGTON,

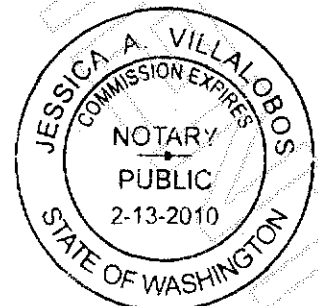
County of SKAGIT } ss.

Joseph D. Bowen, being sworn, says: I am the 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 forgoing 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 plenty of perjury.

SIGNED AND SWORN TO before me on 12/9/08

Notary Public for Washington [Signature]

My appointment expires 2/13/2010



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