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Skagit County Auditor

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Return Address:

CLAIM OF LIEN

Indexing Information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimant): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P 120229

Spinner Cove Homeowner's Assoc.
Claimant

Karen & James Berlandi
vs.

Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Spinner Cove Homeowner's Association
TELEPHONE NUMBER: (360) 293-0622 ADDRESS: P.O. Box 2006,
Anacortes, WA 98221
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: January 27, 2009 (2009 Home Owner's dues)
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Karen & ~~Jeff~~ James Berlandi
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 5201 Maritime Court,
Anacortes WA 98221; Lot #6, Spinner Cove Addition to the
City of Anacortes
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Karen & ~~Jeff~~ James Berlandi
TELEPHONE NUMBER: _____ ADDRESS: P.O. Box 5163, Anacortes
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: Home owners' dues paid for 2008





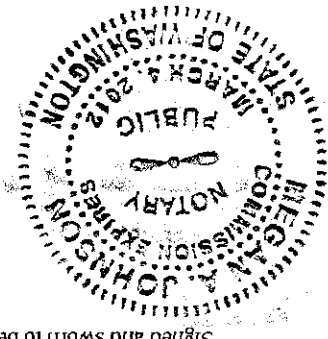
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name Megan Johnson
Notary Public in and for the State of WA
My appointment expires: March 4, 2012

Signed and sworn to before me on this 10th day of March 2009

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

County of Skagit
SS. Howard Sorensen
STATE OF WASHINGTON

Claimant Howard D. Sorensen, Treasurer
Print or Type Name H.D. Sorensen
Address 1100 1st St, WA 98221
Telephone Number (360) 293-0622

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$395.00 plus 12% interest from 2/1/2009
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM STATE HERE: plus \$42.00 Lien from 2/1/2009
owner's Assoc.

**Spinnaker Cove Homeowners Association
P.O. Box 2006
Anacortes, WA 98221**

March 9, 2009

To: The Skagit County Clerk

The Board of Directors for the Spinnaker Cove Homeowners Association, on March 6, 2009, has instructed Howard D. Sorensen, Treasurer of the Board, to file a lien on the residence located on Lot 6, of the Spinnaker Cove Addition to the City of Anacortes. The Parcel ID number is P120229 and the address is 5201 Maritime Court.

The lien is in the amount of \$395.00, plus interest at 12% per annum, calculated from February 6, 2009, plus filing fee and other appropriate incidental legal or administrative fees.

Sincerely yours,

Kay Starkovich

Kay Starkovich, Board Secretary

**Approved by: *Cornelius H. Borman*
Cornelius H. Borman, President of the Board**



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