



201105200028
Skagit County Auditor

5/20/2011 Page

1 of

2 10:57AM

Recording requested by: _____

When recorded, mail to: _____

Name: DON WATERS

Address: 14909 320TH ST NE.

City/State/Zip: ARLINGTON WA 98223

Space above reserved for use by Recorder's Office

Document prepared by: _____

Name: SAUK RIVER ESTATES - KAREN DEOLL, President

Address: PO BOX 152

City/State/Zip: ROCKPORT, WA 98283

Claim of Lien

State of WASHINGTON

County of SKAGIT

I, KAREN DEOLL, being duly sworn, state the following:

SAUK RIVER ESTATES property dues are \$35⁰⁰ per lot not to exceed \$100⁰⁰. MR WATERS purchased his property listed below June 11/2007. He currently is behind in his dues, 4 years \$100 per yr.

on the following described real property located in SKAGIT County, State of WASHINGTON, commonly known as:

14855 Mountain View Lane
Concrete, WA 98237

P68984

and legally described as: SAUK RIVER ESTATES SUB-DIV 2
2/5TH INTEREST TRS H THRU L - ALL LOTS 53 AND 54

which property is owned by DONALD T WATERS, whose address is
14909 320TH ST, NE. ARLINGTON, WA 98223, of a total value
of \$ 400.00, of which there remains unpaid \$ 400.00

the date of May 20, 2011.

I hereby, under the laws of the State of Washington, claim a lien against the above-described property in the amount of money, stated above, which remains unpaid to ~~me~~ Sauk River Estates

Karen Droell - President
Signature of Person Claiming Lien

KAREN DROELL - President
Name of Person Claiming Lien

Address of person claiming lien: PO Box 152 Rockport, WA 98237

On May 20, 2011, Karen Droell came before me personally and, under oath, stated that he/she is the person described in the above document and that he/she signed the above document in my presence.

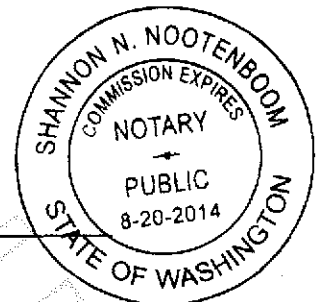
Shannon Nootenboom
Notary Signature

Notary Public,

In and for the County of Skagit State of WA

My commission expires: 08-20-2014

Seal



CERTIFICATE OF MAILING

I, _____, certify that on this date, _____, I have mailed a copy of this Claim of Lien by USPS certified mail, return receipt requested, in accordance with the law, to:

Name: _____

Address: _____

Date: _____

Signature of Person Mailing Claim of Lien

Name of Person Mailing Claim of Lien



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