



201112020111

Skagit County Auditor

12/2/2011 Page

1 of

2 2:32PM

After recording, return to (Name, Address, Zip):

Vernon Heights Unit Owners' Association

P.O. Box 333

Mount Velrnon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Valerie L. Feltus

Grantee (Claimant): Vernon Heights Unit Owners' Association

Abbreviated Legal Description: Unit 112 North 6th St. Unit B 98273

Assessor's Property Tax Parcel or Account No: 4635-002-002-0001

Reference No(s) of Related Documents:

Vernon Heights Unit Owners' Association

Claimant,

vs.

Valerie L. Feltus

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: Vernon Heights Unit Owners' Association
Telephone Number: 360-424-0525 Address: P.O. Box 333
Mount Vernon, WA 98273
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: April 11, 2011
3. Name of person indebted to the Claimant: Valerie L. Feltus
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 112 North 6th St. unit B 98273
Mount Vernon, WA 98273
5. Name of the owner or reputed owner (If not known state "unknown"): Valerie L. Feltus
112 North 6th St. unit B Mount Vernon, WA 98273
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: April 11, 2011

(OVER)



Form No. 90 -- Claim of Lien

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7. Principal amount for which the lien is claimed is: 2,735.58

8. If the Claimant is the assignee of this claim so state here: _____

Vernon Heights Unit Owners Association P.O. Box 333
CLAIMANT STREET ADDRESS

Robert Leber, president Mount Vernon WA 98273
CLAIMANT'S NAME (TYPED OR PRINTED) CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit) ss.

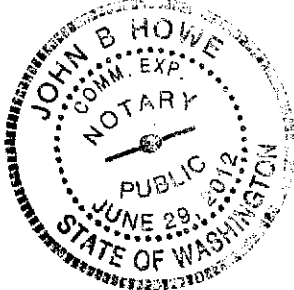
Robert Leber president, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true 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.

Robert Leber PRESIDENT

SIGNED AND SWORN TO before me on 12/2/2011

Notary Public for Washington

My appointment expires 6/29/2012



NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____

_____ is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington

My appointment expires _____

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____

_____ is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____

_____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington

My appointment expires _____



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