

UNOFFICIAL



201207260107  
Skagit County Auditor

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Return Address:  
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### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 85.04) 1/97: (please print last name first)

Reference # (if applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) TIMOTHY MILLER (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) RIVER LANE COMMUNITY CLUB Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): PCL/LOT 18A- EVERETT FERTILE ACRES Add'l. legal is on page 16 of 17

Assessor's Property Tax Parcel /Account # P65238 PLAT. VOL. 7 - SKAGIT COUNTY

RIVER LANE COMMUNITY CLUB  
Claimant  
vs.  
TIMOTHY MILLER  
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:

- NAME OF LIEN CLAIMANT: RIVER LANE COMMUNITY CLUB  
TELEPHONE NUMBER: 360-853-8897 ADDRESS: P.O. BOX 202 - CONCRETE WA 98237
- 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: \_\_\_\_\_
- NAME OF PERSON INDEBTED TO THE CLAIMANT: TIMOTHY MILLER
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
LEONARD RD. LOT 18A- CONCRETE- WA 98237
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): TIMOTHY MILLER  
TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
- 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:  

<u>SPECIAL ASSESSMENT</u>	<u>AUG. 1/2011</u>	<u>- 100.00</u>
<u>ANNUAL DUES</u>	<u>JAN. 1/2011</u>	<u>- 200.00</u>
<u>ANNUAL DUES</u>	<u>JAN. 1/2012</u>	<u>- 200.00</u>
<u>MAILING COSTS</u>		<u>- 5.75</u>
<u>FILING COSTS</u>		<u>- 146.00</u>



691.75

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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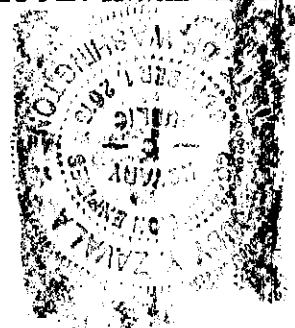
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



My appointment expires: 10-1-2013

Notary Public in and for the State of

Print Name: [Signature]

[Signature]

Signed and sworn to before me on this 26 day of July 2012

MARGARET MORRIS, 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.

STATE OF WASHINGTON }  
County of SKAGIT }  
SS.

Claimant: M. MORRIS - FOR RIVER LAKE COMMUNITY CLUB  
Print or Type Name: P.O. Box 202  
Address: CONCRETE - WA. 98237  
Telephone Number: 360-853-8897

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: YES  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES