

8/29/2012 Page

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Recording requested by: <u>Settlers Square</u>	Space above reserved for use by Recorder's Office
When recorded, mail to:	Document prepared by:
Name: Settlers Square	Name Shari Miller - HOA Pres.
Address: 45934 SK 21 N.	Address 45934 SRI 21 N
City/State/Zip: Wilbur, WA 99185	City/State/Zip WILDUY WA 99195
Claim of Lien	
State of Washington	
County of Skagit	
County of SEARTI	
I, Shari Miller / Settlers Squa In accordance with an agreement to provide labor and	or material, I did furnish the following labor and/or
materials: -HOA post aves Aug	1,2010 - Aug 31,2012
for a total of \$500	
-	
* dues are \$zomtn,	plus \$25 late tee,
olus \$124 for recordi	plus #25 late fee, ing + releasing lien = #1649.0
on the following described real property located in	
Washington, commonly known a	
1294 Fidalgo Pl., Sean	) MOD 1124, W/ 1000
U	
and legally described as: .13 ac Fidal	go Commons P. O.D
Lot 24 P120472	
	alar
which property is owned by Robert & Tara K	
1294 Fidalgo Pl. Searo Woolle	of a total value, of a total value
of \$ 1049.00 , of which there remains unpaid	
furnished the first of the items on the date of	, and the last of the items on
· · ·	<b>NOVA</b> LF136 Claim of Lien Pg.1 (08-09)

the date of $\frac{8/31/2012}{}$ .	
I hereby, under the laws of the State of Washing to , claim	a lien against the above-de-
scribed property in the amount of money, stated above, which remains unpaid	
Shari I	uiller
Signature of Person Claiming Lien Name of Person Clair	ning Lien
Address of person claiming lien: 45394 SR 21 N., Willow	. WA 99185
	(100)
on august 24, 2012, Shari Miller	h-6
me personally and, under oath, stated that he/she is the person described in the	came before
he/she signed the above document in my presence.	ic above document page in ac
P 2 2 2	NA COSION SOLONIA
Tenna & Dailey	S. J. Chimison Co.
Notary Signature Notary Public,	NOTARY E
In and for the County of Sockane, State of 1 Jashinat	PUBLIC S
My commission expires fine 27 2015 Sea	06-27-15
<b>—</b>	WASHINA
CERTIFICATE OF MAILING	Annin, .
I, Shari Miller, certify that on this date, 9/31	12012, I have mailed a
copy of this Claim of Lien by USPS certified mail, return receipt requested, in	n accordance with the law, to:
Name: Robert + Tara Roby	
Address: 1294 Fidalgo Pl Sedro Woolleywf	+ 98284\
Date: 8131/2012	
ANNIMA Shari N	4iller (1)
	ing Claim of Lien
	NOVA LF136 Claim of Lien Pg.2 (08-09)
201208290003	
Skagit County Auditor	

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