



Skagit County Auditor  
8/29/2013 Page

1 of 2 9:36AM  
\$73.00

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

Mallard View Homeowners Association  
1410 Mallard View Drive  
Mount Vernon, WA 98274

**CLAIM OF LIEN**

Grantor (Name of person indebted to Claimant): Federal National Mortgage Association  
Grantee (Claimant): Mallard View Homeowners Association  
Abbreviated Legal Description: Mallard View Condominium Phase II, Bldg. 2, (1410),  
Assessor's Property Tax Parcel or Account No: P114383 Unit 1  
Reference No(s) of Related Documents: N/A

Mallard View Homeowners Association  
-----  
Claimant,  
vs.  
Federal National Mortgage Association  
-----  
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: Mallard View Homeowners Association  
Telephone Number: 360-424-0294 Address: 1410 Mallard View Drive  
Mount Vernon, WA 98274
- 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: August 27, 2013
- Name of person indebted to the Claimant: Federal National Mortgage Association
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 1410 Mallard View Drive #1, Mount Vernon, WA, Mallard View Condominium Phase II, Building 2, Unit 1
- Name of the owner or reputed owner (If not known state "unknown"): Federal National Mortgage Association
- 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: August 27, 2013

(OVER)

201308290024



My appointment expires \_\_\_\_\_  
Notary Public for Washington \_\_\_\_\_

such party for the uses and purposes mentioned in the instrument. DATED \_\_\_\_\_

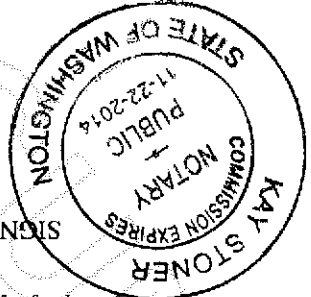
and acknowledged it as the \_\_\_\_\_ of \_\_\_\_\_  
acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument  
is the individual who appeared before me, and who \_\_\_\_\_  
I certify that I know or have satisfactory evidence that \_\_\_\_\_  
STATE OF WASHINGTON, County of \_\_\_\_\_ ss. \_\_\_\_\_  
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:

My appointment expires \_\_\_\_\_  
Notary Public for Washington \_\_\_\_\_

for the uses and purposes mentioned in the instrument. DATED \_\_\_\_\_

acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act  
is/are the individual(s) who appeared before me, and who \_\_\_\_\_  
I certify that I know or have satisfactory evidence that \_\_\_\_\_  
STATE OF WASHINGTON, County of \_\_\_\_\_ ss. \_\_\_\_\_  
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

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).



My appointment expires \_\_\_\_\_  
Notary Public for Washington \_\_\_\_\_

SIGNED AND SWORN TO before me on \_\_\_\_\_  
\_\_\_\_\_

excessive under penalty of perjury.  
to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly  
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

STATE OF WASHINGTON, County of Skagit  
CLAIMANT'S NAME (TYPED OR PRINTED) Mallerd View Homeowners Association  
CLAIMANT \_\_\_\_\_  
1410 Mallerd View Drive  
STREET ADDRESS  
Mount Vernon WA 98274 360-424-0294  
CITY STATE ZIP PHONE  
being sworn, says: I am the \_\_\_\_\_, being sworn, says: I am the \_\_\_\_\_  
Valeta Dorsey, Treasurer

7. Principal amount for which the lien is claimed is: \$4,320.00 and all future dues assessed against said premises and unpaid  
8. If the Claimant is the assignee of this claim so state here: Mallerd View Homeowners Assoc.