



201309300206

Skagit County Auditor
9/30/2013 Page

1 of

\$73.00

2 12:37PM

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

Sandalwood Association
c/o Rence Warrick
3722 Swan Court
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Gunnar Pedersen
Grantee (Claimant): Sandalwood Association
Abbreviated Legal Description: SANDALWOOD LT 32 DR 20
Assessor's Property Tax Parcel or Account No: 4361-000-032-0007
Reference No(s) of Related Documents:

Sandalwood Association

Claimant,

vs.

Gunnar Pedersen

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: Sandalwood Association
Telephone Number: 360-424-6099 Address: 3722 Swan Court
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: June 1, 2011
3. Name of person indebted to the Claimant: Gunnar Pedersen
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 2201 - ABC N. 20th Place
Mount Vernon, WA 98273
5. Name of the owner or reputed owner (If not known state "unknown"): Gunnar Pedersen
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: August 1, 2013
Association Annual Dues, interest and all lien costs

(OVER)

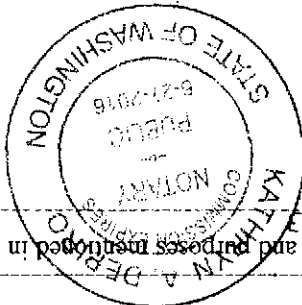


Form No. 90 - Claim of Lien

BEBE

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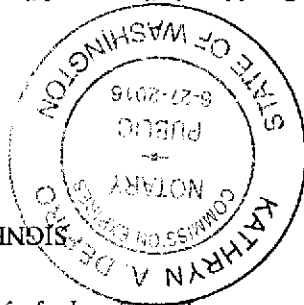


My appointment expires 6/27/2016
Notary Public for Washington

DATE: 9-30-13
such party for the uses and purposes mentioned in the instrument.
and acknowledged it as the
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 Skagit
behalf of a business entity:
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

My appointment expires
Notary Public for Washington

DATE:
for the uses and purposes mentioned in the instrument.
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
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 6/27/2016
Notary Public for Washington

SIGNED AND SWORN TO before me on September 30, 2013
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 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
I am the
being sworn, says: I am the
STATE OF WASHINGTON, County of Skagit
CLAIMANT'S NAME (TYPED OR PRINTED) Sandalwood Association
CLAIMANT Sandalwood Association
3722 Swan Court
Mount Vernon, WA 98273 360-424-6099
CITY STATE ZIP PHONE
STREET ADDRESS

8. If the Claimant is the assignee of this claim so state here: NA
7. Principal amount for which the lien is claimed is: \$496.66