



201606240092

Skagit County Auditor

\$74.00

6/24/2016 Page

1 of

2 3:03PM

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

Ron Ellis

President Eagles Nest Community, Inc.

73 Beach Drive

LaConner, Washington 98257

## CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Robert L. Apter MD + Brenda Graham Apter

Grantee (Claimant): Eagles Nest HOA, Ron Ellis president

Abbreviated Legal Description: tract "X" S/P #2-84, part of tract 5, EN short plat 116-77

Assessor's Property Tax Parcel or Account No: P15200

Reference No(s) of Related Documents:

Eagles Nest Community, Inc.

Ron Ellis, president

Claimant,

vs.

Robert L. Apter, MD

Brenda Graham Apter

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: Eagles Nest Community Inc. Ron Ellis, pres.  
Telephone Number: 360-466-2705 Address: 73 Beach Drive  
LaConner, Washington 98257
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: N/A
3. Name of person indebted to the Claimant: Robert L. Apter, MD  
Brenda Graham Apter
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 5A Beach Dr, LaConner, Wa 98257  
tract "X" S/P #2-84, part of tract 5, EN short plat 116-77
5. Name of the owner or reputed owner (If not known state "unknown"): Robert L. Apter, MD, Brenda Graham Apter
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: 9-1-15 (reserve fund dues); Jan. 1st, 2016 (annual HOA dues)

(OVER)



Form No. 90 - Claim of Lien

BESE

© 2006-2010 Washington Legal Blank, Portland, OR www.wlbfirms.com

NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: \$ 2,461.89 as of 6-21-16

8. If the Claimant is the assignee of this claim so state here: president Eagles Nest HOA

R. Ellis  
CLAIMANT

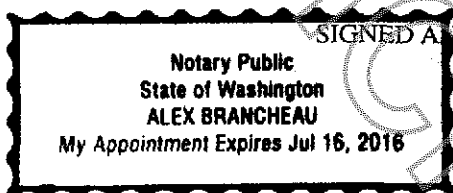
7 B Beach Drive  
STREET ADDRESS

Ron Ellis  
CLAIMANT'S NAME (TYPED OR PRINTED)

LAconner Wash. 98257 466-2705  
CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit ) ss.

Ronald Ellis, 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.



SIGNED AND SWORN TO before me on

Alex Brancheau  
07-16-2016  
Notary Public for Washington  
My appointment expires 07-16-2016

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 \_\_\_\_\_