



201607210026

Skagit County Auditor

\$74.00

7/21/2016 Page

1 of

211:45AM

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

Maddox Creek Homeowners Association
PO Box 206
Mount Vernon, WA 98273

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Tatyana Kaliberda
Grantee (Claimant): Maddox Creek Homeowners Association (MCHOA)
Abbreviated Legal Description: MADDON CREEK PUD PHASE 1, LOT 54
Assessor's Property Tax Parcel or Account No: P109348
Reference No(s) of Related Documents:

Maddox Creek Homeowners Association

Claimant,

vs.

Tatyana Kaliberda

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: Maddox Creek Homeowners Association
Telephone Number: 360-428-6039 Address: PO Box 206, Mount Vernon, WA 98273
- 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: JANUARY 1, 2010
- Name of person indebted to the Claimant: Maddox Creek Homeowners Association
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 1809 Lindsay Loop, Mount Vernon, WASHINGTON 98274
- Name of the owner or reputed owner (If not known state "unknown"): Tatyana Kaliberda
PO Box 871044, WASHILLA, AKS 98687
- 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: JULY 31, 2016

(OVER)



Form No. 90 - Claim of Lien BEBE
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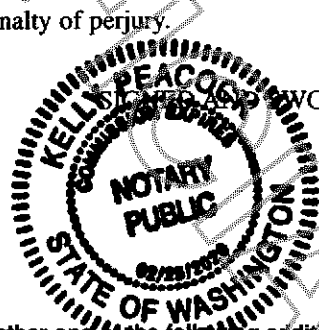
7. Principal amount for which the lien is claimed is: HUA DUES \$600.00 + Filing Fee \$82.68
TOTAL: \$682.68

8. If the Claimant is the assignee of this claim so state here: MCHWA BOARD OFFICER

[Signature] CLAIMANT STREET ADDRESS
PO Box 2179
Donald Neill CLAIMANT'S NAME (TYPED OR PRINTED) CITY STATE ZIP PHONE
Mount Vernon WA 98273 425-
478-2893

STATE OF WASHINGTON, County of SKAGIT) ss.
Don Neill

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.



[Signature] SWORN TO before me on July 21, 2016
[Signature]
Notary Public for Washington
My appointment expires 2-25-20

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 _____