



201611020019

Skagit County Auditor

\$74.00

11/2/2016 Page

1 of

2 1:06PM

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

THE ORCHARDS PUD HOMEOWNERS ASSN.
 P.O. Box 1633
 ANACORTES, WA 98221

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): MEAGAN JACOBSON
 Grantee (Claimant): THE ORCHARDS PUD HOMEOWNERS ASSOCIATION
 Abbreviated Legal Description: THE ORCHARDS PUD - LOT 48
 Assessor's Property Tax Parcel or Account No.: P124031
 Reference No(s) of Related Documents:

THE ORCHARDS PUD HOMEOWNERS ASSN.

Claimant,

vs.

MEAGAN JACOBSON

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: THE ORCHARDS PUD HOMEOWNERS ASSOCIATION
 Telephone Number: 360-982-2212 Address: PO Box 1633
ANACORTES, WA 98221
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: AUGUST 1, 2016
3. Name of person indebted to the Claimant: MEAGAN JACOBSON
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4108 CHERRY LANE
ANACORTES, WA 98221
5. Name of the owner or reputed owner (If not known state "unknown"):
MEAGAN JACOBSON
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:
SPECIAL ASSESSMENT DUE AUGUST 1, 2016

(OVER)



Form No. 90 - Claim of Lien

BEBE

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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: \$327 PLUS \$1.50 ACCRUED
INTEREST PER MONTH

8. If the Claimant is the assignee of this claim so state here: _____

Patricia Hoover
CLAIMANT

4310 ORCHARD AVENUE
STREET ADDRESS

PATRICIA HOOPER TREASURER
CLAIMANT'S NAME (TYPED OR PRINTED)

ANACORTES, WA 98221
CITY STATE ZIP PHONE

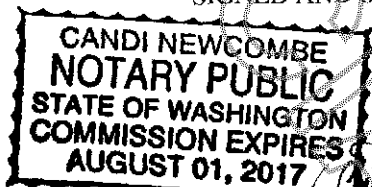
STATE OF WASHINGTON, County of Skagit

) ss. 360-982-2212

Patricia Hoover, 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

November, 1 2016



Candi Newcombe
Notary Public for Washington

My appointment expires Aug 1, 2017

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 Skagit

) ss.

I certify that I know or have satisfactory evidence that

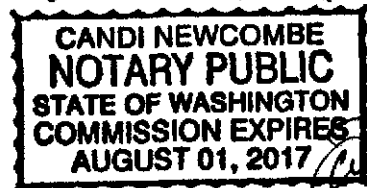
Patricia Hoover

_____ 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 Treasurer of Orchards BDA

_____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED

November 2, 2016



Candi Newcombe
Notary Public for Washington

My appointment expires Aug 1, 2017