



201701310057

Skagit County Auditor

\$74.00

1/31/2017 Page

1 of

2 12:37 PM

Claim of Lien

MAIL TO:

CURTIS ALLEN BAKER, Requestor
19718 1ST AVE W
BOTHELL, WA 98012

PARCEL# 65108

CURTIS ALLEN BAKER, the ☒ Lienor ☐ Lienor's Agent stated herein, being duly sworn, states that the following is true:

1. This Claim of Lien concerns the contract between, CURTIS ALLEN BAKER, Lienor, and DIANE KAY BAKER, executed on 8-5-1996.
2. Owner(s) Name(s): DIANE KAY BAKER
3. Owner(s) address: 13321 SATTERLEE RD ANNA CORTES, WA 98221
4. Real property location: SKAGIT County/Parish, State of WA
5. Real property description: (.5800 ac) DEWEY BEACH ADD 4, LOT 43 & 44 ACRES .58
ADDRESS 15282 DEWEY CREST LANE
GED ID 3904-000-044-009 PROPERTY ID 65108
6. Total value of real property: \$ 110,400.00
7. Total amount owed on real property: \$ 0
8. Mortgagee for the real property (if applicable): N/A
9. Labor, services, and/or materials supplied by Lienor: PROPERTY TAXES PAID
By LIENOR FROM 1996-2017
10. Value of the provided labor, services, and/or materials: \$ _____
11. Amount that remains unpaid on provided labor, services, and/or materials: \$ _____
12. First day that Lienor supplied the labor, services, and/or materials: 8/5/1996
13. Last day that Lienor supplied the labor, services, and/or materials: 1/24/2017
14. If required, Lienor served Preliminary Notice to Owner(s) on 12/31/2016
by PAUL M. BURNHAM - HAND DELIVERY.

15. If required, Lienor served Preliminary Notice to the Primary Contractor,

NA, on _____,
by _____.

16. If required, Lienor served Preliminary Notice to the Lender, NA,
on _____ by _____.

LIENOR HEREBY CLAIMS a lien per the laws of the State of WASHINGTON,
against the property described above, in the amount of \$ 20,299.30.

[Signature]
Signature of Lienor or Lienor's Agent

1-31-2017
Date

CURTIS ALLEN BAKER, Lienor (or Lienor's Agent)
19718 1ST AVE WEST, Address
BOTHELL, WA 98012, City, State, Zip
425-328-4443, Phone
curtisbkr@gmail.com, Email

The following boxed text applies in the State of California:

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

Subscribed and sworn to (or affirmed) before me on this 31ST day of JANUARY, 2017,
by CURTIS BAKER, proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

[Signature]
Signature of Notary

Affiant Known ☒ Produced ID
Type of ID DRIVERS LICENSE

(Seal)

CERTIFICATION OF MAILING

I, CURTIS BAKER, served a copy of this Claim of Lien on
2-14-2017 by certified USPS mail, return receipt requested,
in accordance with the law, to:

Name: DIANE BAKER

Address: SKAGIT VALLEY HOSPITAL
300 HOSPITAL PARKWAY, MT VERNON, WA 98274

