



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

The Orchards PUD Homeowners Association
P.O. Box 1633
Anacortes, WA 98221

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Tveter and Son LLC
Grantee (Claimant): The Orchards PUD Homeowners Association
Abbreviated Legal Description: The Orchards PUD - Lot 13
Assessor's Property Tax Parcel or Account No.: P 123 996
Reference No(s) of Related Documents:

The Orchards PUD Homeowners Association
Claimant,
vs. Tveter and Son LLC
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: The Orchards PUD Homeowners Association
Telephone Number: 425 444-1779 Address: P.O. BOX 1633
Anacortes, WA 98221
- 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 15, 2017
- Name of person indebted to the Claimant: Tveter and Son LLC
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4408 Orchard Avenue
Anacortes, WA 98221
- Name of the owner or reputed owner (If not known state "unknown"):
Tveter and Son LLC
- 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:
Annual Dues and Special Assessment due 06/15/2017.

(OVER)



7. Principal amount for which the lien is claimed is: \$1217.80 plus \$9.85 accrued interest per month

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

Diane Romero CLAIMANT 4116 Orchard Ave STREET ADDRESS
Diane Romero, Treasurer CLAIMANT'S NAME (TYPED OR PRINTED) Anacortes WA 98221 CITY STATE ZIP PHONE
STATE OF WASHINGTON, County of Skagit) ss. 4254441779
Diane Romero

_____, 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.

Diane Romero

SIGNED AND SWORN TO before me on September 29, 2017

NOTARY PUBLIC
STATE OF WASHINGTON
JULIA G. KLINGMAN
My Appointment Expires
JANUARY 19, 2020

Julia A. Klingman
Notary Public for Washington
My appointment expires 1/19/2020

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 Diane Romero 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 The Orchards PUD Homeowners Assn. to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED September 29, 2017

Julia A. Klingman
Notary Public for Washington
My appointment expires 1/19/2020

NOTARY PUBLIC
STATE OF WASHINGTON
JULIA G. KLINGMAN
My Appointment Expires
JANUARY 19, 2020