



201711130195

Skagit County Auditor

\$75.00

11/13/2017 Page

1 of

2 2:43PM

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

Ron Ellis  
 president Eagles Nest Community, Inc.  
 7 B Beach Drive  
 La Conner, 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: P 15200 330 202-6-000-0400  
 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, president  
 Telephone Number: 360-466-2705 Address: 7 B Beach Drive  
 La Conner, 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. La Conner, Wash. 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: Eagles Nest HOA  
 Reserve fund dues due Sept 1st, 2017 \$2000 -

(OVER)



Form No. 90 - Claim of Lien

BEBE

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7. Principal amount for which the lien is claimed is: As of Nov. 1st 2017 \$8,651.55 of annual dues, reserve fund dues + interest are unpaid. Additional expenses will be claimed - filing of liens x 4.  
8. If the Claimant is the assignee of this claim so state here: president Eagles Nest HOA

[Signature]  
CLAIMANT

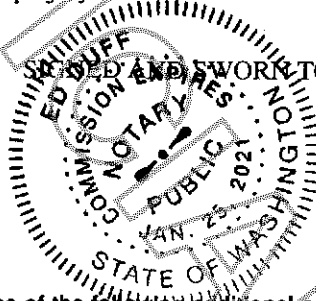
7 B. Beach Dr. Salouner, WA  
STREET ADDRESS

RON ELLIS  
CLAIMANT'S NAME (TYPED OR PRINTED)

Salouner Wash. 98257 466-2705  
CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Snohomish ) ss.

Ron 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.



SWORN TO before me on 11-13-17

[Signature]  
Notary Public for Washington

My appointment expires 1-25-21

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 \_\_\_\_\_