

Skagit County Auditor

\$75.00

After recording, return to (Name, Address, Zip):	11/30/2017 Page 1 of 2 1:21PM
Sandalwood Association	
1500 E. College Way Ste A	
PMB 426	
Mount Vernon WA 98273	
CLAIM OF LIEN	
Grantor (Name of person indebted to Claimant): 711 N Grantee (Claimant): Sandatwood ASSO	inar Pedersen
Abbreviated Legal Description: SANDALWOOL	D LT 46 DR 20
Assessor's Property Tax Parcel of Account No. 4361	-000-046-0001
Reference No(s) of Related Documents:	
Sandalwood Association	1
	<u> </u>
Clajma	int,
Gunnar Pedersen	
ciumur redersen	
Name of person indebted to Claima	nt.,
4	
	ow claims a lien pursuant to Chapter 60.04 RCW. In support
of this lien the following information is submitted:	
1. Name of Lien Claimant: Sandalwood	d Association
Telephone Number: 360 - 708 - 998	3 May 1500 E. College Way
Ste. A PMB 426 MOW	nt Vernon, WA 98273
	m labor, provide professional services, supply material or effit contributions became due. June 1, 2015
3. Name of person indebted to the Claimant: C	Junnar Pedersen
4. Description of the property against which a lie	n is claimed (Street address, legal description or other infor- rty): 2110 - A B Sancia Lubock Street
Mount Vernon, WA 98273	Ny): 2115 11.0 Structure on Col.
·	
5. Name of the owner or reputed owner (If not ki	nown state "unknown"): GUNDAF PEAGESEN
	<del></del>
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	r equipment was furnished: QUQUST 1, 2017
Annual Association Dues.	interest and all lien costs

>	
7. Principal amount for which the lien is claimed	t is: \$532.83
8. If the Claimant is the assignee of this claim so	state here: NA
Sandatwood Association	1500 F. College Way Ste. A PMB426
Sandal wood Association	Mount Vernon, WA, 98273 360-708-9983 CITY STATE ZIP PHONE
STATE OF WASHINGTON, County of Skagit	) ss, being sworn, says: I am the
claimant (or attorney of the claimant, or administrator, re	epresentative, or agent of the trustees of an employee benefit im, read and know the contents thereof, and believe the same
to be true and correct and that the claim of lien is not frie	volous and is made with reasonable cause, and is not clearly
excessive under penalty of perjury.	Rwalle
NOTAGY PICTURAND SWORN TO	before me on November 30, 2017
STATE OF WASHINGTON	Notary Public for Washington  My appointment expires Servicy 12019
JESSICA MASSINGALD  My Appointment Expires	Notary Public for Washington
JANUARY 01, 2015	My appointment expires 2017
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010)/ If the individual signing the Claim of Lien is making the Clai	
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2018)  If the individual signing the Claim of Lien is making the Clai  STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010).  If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument an	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010). If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010). If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010).  If the individual signing the Claim of Lien is making the Clai  STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument an for the uses and purposes mentioned in the instrument.  DATED	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2016)  If the individual signing the Claim of Lien is making the Claim  STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of Lien i	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2016) If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of a business entity:	im of Lien on his or her own behalf:
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2016)  If the individual signing the Claim of Lien is making the Claim  STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of a business entity:  STATE OF WASHINGTON, County of Skagit I certify that I know or have satisfactory evidence	im of Lien on his or her own behalf:  Ss.  Se that  is/are the individual(s) who appeared before me, and who acknowledged it to be his/her/their free and voluntary act  Notary Public for Washington  My appointment expires  Alm of Lien as an agent of another individual or as an agent on  Ss.  that  Rence S
Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2016)  If the individual signing the Claim of Lien is making the Claim  STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence  acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of a business entity:  STATE OF WASHINGTON, County ofSkagit  I certify that I know or have satisfactory evidence	im of Lien on his or her own behalf:
If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of Lien is making the Claim of a business entity:  STATE OF WASHINGTON, County of Skagit I certify that I know or have satisfactory evidence acknowledged that he/she signed this instrument, on oath and acknowledged it as the Treasurery.	im of Lien on his or her own behalf:    SS
If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  I certify that I know or have satisfactory evidence acknowledged that he/she signed this instrument, on oath and acknowledged it as the	im of Lien on his or her own behalf:    SS   Se
If the individual signing the Claim of Lien is making the Claim STATE OF WASHINGTON, County of  I certify that I know or have satisfactory evidence acknowledged that he/she/they signed this instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  I certify that I know or have satisfactory evidence acknowledged that he/she signed this instrument, on oath and acknowledged it as the	im of Lien on his or her own behalf:    SS   Se
If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of the uses and purposes mentioned in the instrument.  DATED  I certify that I know or have satisfactory evidence acknowledged that he/she signed this instrument, on oath and acknowledged it as the	im of Lien on his or her own behalf:  Ss.  The that  The individual(s) who appeared before me, and who ad acknowledged it to be his/her/their free and voluntary act  Notary Public for Washington  My appointment expires  That  Ss.  That  Rence  Is the individual who appeared before me, and who a stated that he/she was authorized to execute the instrument of Sandaluced  To be the free and voluntary act of strument.
If the individual signing the Claim of Lien is making the Claim of Lien is instrument and for the uses and purposes mentioned in the instrument.  DATED  If the individual signing the Claim of Lien is making the Claim of Lien i	im of Lien on his or her own behalf:    SS   Se