



201808060127

08/06/2018 11:24 AM Pages: 1 of 3 Fees: \$200.00
Skagit County Auditor

Return to:

Wildflower Homeowners Association
P.O. Box 857
Sedro-Woolley, WA 98284

Document Title: Release of Lien

Reference Number of Related Document: 201108290142 and 201401020096

Grantor: Wildflower Homeowner's Association

Grantee: Merlin Joey ad Rebecca Lane

ABBREVIATED LEGAL DESCRIPTION:

Sauk Mountian View Estates
North-Phase 1-Wildflower, Blk
1, Lot 22, Acres 0.06, (SWFC)

ASSESSOR'S TAX PARCEL NUMBER: P120327 / 4813-000-022-0000

RELEASE OF LIEN

WILDFLOWER HOMEOWNER'S)
ASSOCIATION,)
)
Claimant,)
)
vs.)
)
Merlin Joey and Rebecca Lane)
)
Owner.)
)

KNOW ALL MEN BY THESE PRESENTS That WILDFLOWER HOMEOWNER'S
ASSOCIATION, the claimant by and under Claim of Lien recorded in

RELEASE OF LIEN - 1

the office of Skagit County Auditor on January 2, 2014, under Auditor's File No. 201108290142 and 201401020096, under which WILDFLOWER HOMEOWNER'S ASSOCIATION claims a lien affecting that certain real property described as follows:

Lot 22, SAUK MOUNTAIN VIEW ESTATES NORTH,
PHASE 1,
WILDFLOWER, ACCORDING , TO THE PLAT THERE
OF , AS
RECORDED MAY 9 , UNDER AUDITOR ' S FILE
NO.
200305090001 , RECORDS OF SKAGIT COUNTY ,
WASHINGTON.

SITUATE IN SKAGIT COUNTY , WASHINGTON..

Tax Parcel Number : P120327 / 4813-000-022-0000

For the amount of \$ 3,711.65, hereby release and discharge the real property described above from the lien above described in consideration of payment to claimant by Merlin Joey and Rebecca Lane.

Dated: August 3, 2018.

WILDFLOWER HOMEOWNER'S ASSOCIATION
Claimant

By: *Gil Ormbrek*
Printed Name: Gil Ormbrek
Title President

Address: P.O. Box 857
Sedro-Woolley, WA 98284

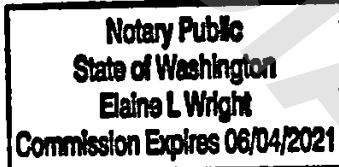
STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT [RCW 42.44.100]

State of Washington }
County of SKAGIT } ss.

I certify that I know or have satisfactory evidence that GIL ORMBREK
Name of Signer
is the person who appeared before me, and said
person acknowledged that he/she signed this
instrument and acknowledged it to be his/her free
and voluntary act for the uses and purposes
mentioned in the instrument.

Dated: Aug 6, 2018
Month/Day/Year



Elaine L. Wright
Signature of Notarizing Officer

NOTARY
Title (Such as "Notary Public")

My appointment expires
06/04/2021
Month/Day/Year of Appointment Expiration

Place Notary Seal Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint
of Signer

Top of thumb here