



**201809070038**

09/07/2018 11:19 AM Pages: 1 of 2 Fees: \$100.00  
Skagit County Auditor

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): Adam and Yelena Filby  
Grantee (Claimant): The Orchards PUD Homeowners Association  
Abbreviated Legal Description: The Orchards PUD - Lot 60  
Assessor's Property Tax Parcel or Account No: P124043  
Reference No(s) of Related Documents: \_\_\_\_\_

The Orchards PUD Homeowners Association

Claimant,

vs.

Adam and Yelena Filby

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: The Orchards PUD Homeowners Association  
Telephone Number: 425-444-1779 Address: P.O. Box 1633  
Anacortes, WA 98221
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: MAY 4<sup>th</sup>, 2018
3. Name of person indebted to the Claimant: Adam and Yelena Filby
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4107 Cherry Lane  
Anacortes, WA 98221
5. Name of the owner or reputed owner (If not known state "unknown"): Adam and Yelena Filby
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: 2018-2019 Annual Dues, Due 5/4/2018

(OVER)



Form No. 90 - Claim of Lien

BEBE

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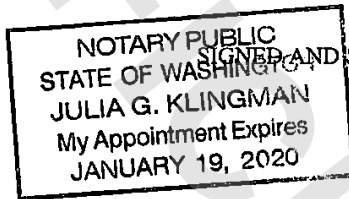
NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: \$ 563.00 plus \$3.25 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 98221-4354 CITY STATE ZIP PHONE  
 STATE OF WASHINGTON, County of Skagit ss.  
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  
 \_\_\_\_\_  
September 7, 2018  
Julia G. 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:

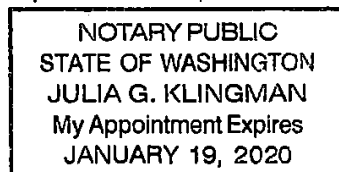
STATE OF WASHINGTON, County of Skagit ss.

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 P.U.D.

Homeowners Association to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED September 7, 2018



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