201810120029
10/12/2018 10:02 AM Pages: 1 of 2 Fees: $100.00
Skagit County Auditor

After recording, return to (Name, Address, Zip):
Homestead Place Owners Association
P.O. Box 871
Burlington, WA 98233

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Harminder Singh
Grantee (Claimant): Homestead Place Owners Association
Abbreviated Legal Description: N/A
Assessor's Property Tax Parcel or Account No: P122264
Reference No(s) of Related Documents: Homestead Place CCRs - 200412140045

Homestead Place Owners Association,
Claimant,

vs.

Harminder Singh
Homeowner of 944 Homestead Dr.,
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: Homestead place owners association - (Treasurer) Theresa McMickle
   Telephone Number: 360-840-9788 Address: P.O. Box 871 Burlington, WA 98233
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: 10-17-2005
3. Name of person indebted to the Claimant: Harminder Singh
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 944 Homestead Dr. Burlington, WA 98233 Parcel# P122264
5. Name of the owner or reputed owner (If not known state "unknown"): Harminder Singh
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: Ongoing HOA dues accrued yearly on the last day of February

(OVER)

7. Principal amount for which the lien is claimed is: $1,200 plus any unpaid dues accrued after 2018
($1,000 in HOA dues plus $200 in lien filing/removal fees)

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

Homestead Place Owners Association	P.O. Box 871			
CLAIMANT	STREET ADDRESS			
Theresa McMickle (Treasurer)	Burlington	WA	98233	360-840-9788
CLAIMANT'S NAME (TYPED OR PRINTED)	CITY	STATE	ZIP	PHONE

STATE OF WASHINGTON, County of Skagit) ss.

Theresa McMickle - Treasurer of Homestead Place Owners Association, 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.

Theresa McMickle

SIGNED AND SWORN TO before me on 10/4/18

Bonnie A Wardlaw
Notary Public for Washington
My appointment expires 1-10-19

BONNIE A WARDLAW NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 10, 2019

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 Theresa McMickle
---------- 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 Homestead Place Owners Association to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED 10/4/18.

Bonnie A Wardlaw
Notary Public for Washington
My appointment expires 1-10-19

BONNIE A WARDLAW NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 10, 2019

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