



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): Harinder 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.
Harinder 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:

- Name of Lien Claimant: Homestead place owners association - Theresa McMickle (Treasurer)
Telephone Number: 360-840-9788 Address: P.O. Box 871
Burlington, WA 98233
- 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
- Name of person indebted to the Claimant: Harinder Singh
- 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
- Name of the owner or reputed owner (If not known state "unknown"): Harinder Singh
- 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)

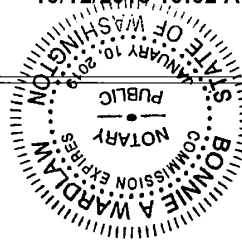


Form No. 90 - Claim of Lien

BEBE

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My appointment expires 1-10-19
Notary Public for Washington

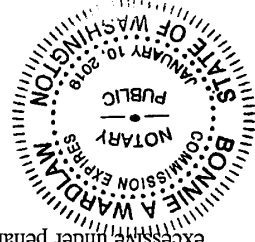
DATED 10/11/18
such party for the uses and purposes mentioned in the instrument
acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the Owners Association
is the individual who appeared before me, and who
I certify that I know or have satisfactory evidence that Theresa McMickle
STATE OF WASHINGTON, County of Skagit
behalf of a business entity:
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

My appointment expires
Notary Public for Washington

DATED
for the uses and purposes mentioned in the instrument.
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act
is/are the individual(s) who appeared before me, and who
I certify that I know or have satisfactory evidence that
STATE OF WASHINGTON, County of
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:
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).

My appointment expires 1-10-19
Notary Public for Washington

SIGNED AND SWORN TO before me on 10/11/18
Theresa McMickle
CLAIMANT'S NAME (TYPED OR PRINTED) Theresa McMickle (Treasurer)
STATE OF WASHINGTON, County of Skagit
CLAIMANT Hornstead Place Owners Association
P.O. Box 871
STREET ADDRESS
Burlington WA 98283
CITY STATE ZIP
PHONE 360-840-9788
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, Treasurer of Hornstead Place Owners Association, 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.



8. If the Claimant is the assignee of this claim so state here:
7. Principal amount for which the lien is claimed is: \$11,200 plus any unpaid dues accrued after 2018 (\$1,000 in Hon dues plus \$200 in lien filing/removal fees)