


After Recording Return to:  
Reality Homes, Inc.  
2720 South J Street  
Tacoma WA 98409

  
**202003180022**  
03/18/2020 10:09 AM Pages: 1 of 2 Fees: \$104.50  
Skagit County Auditor

## CLAIM OF LIEN

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Grantor: **Frederick S & Marie A Anderson**

Grantee: **Reality Homes, Inc.**

Abbreviated Legal Description (e.g. "Lot 1, Block 2, ...): **Lot 67 of REVISED MAP OF SHELTER BAY DIV .2, Tribal and Allotted Lands of Swinomish Indian Reservations, as recorded March 17, 1970, in Volume 43 of Official Records, pages 833 through 838, records of Skagit County, Washington.**  
**Situated in Skagit County, Washington**

Assessor's Property Tax Parcel/Account No. : **P84064 / 5100-002-067-0000**

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Notice is hereby given that the person named below claims a Lien pursuant to RCW ch.60.04. In support of this Lien, the following information is submitted.

1. *Name of Lien Claimant:* **Reality Homes, Inc.**  
*Address:* **2720 South J Street, Tacoma WA 98409**  
*Telephone Number:* **(253) 926-6822**
2. *Date on which the claimant began to perform labor, provide professional services, supply material of equipment or the date on which employee benefit contributions became due:* **January 9, 2019**
3. *Name of person or contractor indebted to claimant:* **Frederick & Marie Anderson**
4. *Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property):*  
**67 Kalama Place, La Conner WA 98257**  
**NW 1/4 of the SW 1/4 of Section 36, T. 34 N., R 2 E., W.M.**  
**Map of Shelter Bay Division NO. 2 Skagit County, Washington**
5. *Name of the owner or reputed owner (if not known state "unknown"):*  
**Frederick S & Marie A Anderson**  
**67 Kalama Place, La Conner WA 98257**

- 6. *The last date on which labor was performed; professional services were furnished; contributions to an employee benefit plan were due; or material, or equipment was furnished: February 18, 2020*
- 7. *Principal amount for which the Lien is claimed is (does not include interest): \$16,256.45*
- 8. *If the claimant is the assignee of this claim so state here:*  
 No  
 Yes. *State name of Assignor:* \_\_\_\_\_

**CLAIMANT'S VERIFICATION**

STATE OF WASHINGTON )  
 ) ss.  
 COUNTY OF PIERCE )

PAULA RIIPINEN, being sworn, says: I am the claimant or attorney for the claimant 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.

/s/ *Paula Ripinen*  
PAULA RIIPINEN CORP BEST SEC  
 Name and Title of Person Signing for Claimant

**ACKNOWLEDGMENT OF CORPORATE CLAIMANT'S SIGNATURE**

On this 16 day of MARCH, 2020, before me personally appeared treasurer, or other authorized officer or agent, as the case may be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed on said corporation, for the uses and purposes therein mentioned, and on oath stated that he or she was authorized to execute said instrument and that any seal affixed hereto is the corporate seal of said corporation.

In witness whereof I have hereunto set my hand and affixed my official seal this day.  
 (Signature and title of officer with place of residence of notary public).

SUBSCRIBED AND SWORN TO before me this 16 day of MARCH, 2020



*Megan Dee*  
 Print Name: MEGAN DEE  
 NOTARY PUBLIC  
 Residing at: PIERCE  
 My commission expires: 10/18/21