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

202005110061

05/11/2020 08:48 AM Pages: 1 of 3 Fees: \$105.50 Skagit County Auditor

CLAIM OF LIEN

Grantor: KH Development LLC

Grantee: Reality Homes, Inc.

Abbreviated Legal Description (e.g. "Lot 1, Block 2, ...): LOT 46, SAUK MOUNTAIN VIEW ESTATES NORTH – A PLANNED RESIDENTIAL DEVELOPMENT – PHASE IV, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 22, 2012 UNDER AUDITORS FILE NO. 201203220011, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#201803090042

Assessor's Property Tax Parcel/Account No.: P131091 / 6009-000-000-0046

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: October 30, 2018
- 3. Name of person or contractor indebted to claimant: Kurt Keller
- 4. Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property): 1484 W Gateway Heights Loop, Sedro Woolley WA 98284 LOT 46, SAUK MOUNTAIN VIEW ESTATES NORTH a Planned Residential Development Phase IV, according to the plat thereof, recorded March 22, 2012 under Auditor's File No. 201203220011, records of Skagit County, Washington and amended by Sauk Mountain View Estates North a Planned Residential Development Phase V and Plat Alteration of Phase IV, recorded under Auditor's File No. 201603180044, records of Skagit County, Washington.

5.	Name of the owner or reputed owner (if not known state "unknown"): KH Development LLC 1500 E College Way Suite A PMB 283 Mount Vernon WA 98273
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: March 11, 2020
7.	Principal amount for which the Lien is claimed is (does not include interest): \$16,466.21
8.	If the claimant is the assignee of this claim so state here:
	[X] No
	[] Yes. State name of Assignor:
	CLAIMANT'S VERIFICATION
STATE OF WA) ss
above named; I be true and corr	have read or heard the foregoing claim, read and know the contents thereof, and believe the same to ect and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly penalty of perjury.
	Name and Title of Person Signing for Claimant
On thi authorized officer or agent acknowledged:	CLAIMANT'S SIGNATURE s day of , 2020, before me personally appeared treasurer, or other error agent, as the case may be the (president, vice president, secretary, treasurer, or other authorized, as the case may be) of the corporation that executed the within and foregoing instrument, and said instrument to be the free and voluntary act and deed on said corporation, for the uses and 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.

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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 _____

day of MAY

, 2020



Print Name: MEGAN DEE
NOTARY PUBLIC
Residing at: PIERCE

My commission expires: 10 1821