

202102100196

02/10/2021 02:53 PM Pages: 1 of 2 Fees: \$104.50
Skagit County Auditor

After recording, return to (Name, Address, Zip):

Tim Nelson
President, Eagles Nest Community, Inc.
10A Eagles Nest Drive
LaConner, Wash. 98257

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Daniel Rhine 5A
Grantee (Claimant): Eagles Nest HOA, Tim Nelson, president
Abbreviated Legal Description: tract "X" S/P # 2-84, part of tract 5, EN short plat 116-77
Assessor's Property Tax Parcel or Account No: P 15200 320 202 0-000-0700
Reference No(s) of Related Documents:

Eagles Nest Community, Inc.
Tim Nelson, president
vs. Daniel Rhine 5A
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: Eagles Nest Community, Inc. Tim Nelson, president
Telephone Number: 312 420 7464 Address: 10A Eagles Nest Drive
LaConner, Washington 98257
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: N/A
3. Name of person indebted to the Claimant: Daniel Rhine 5A
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 5A Beach Dr. LaConner, Wash. 98257
tract "X" S/P # 2-84, part of tract 5, EN short plat 116-77
5. Name of the owner or reputed owner (If not known state "unknown"): Daniel Rhine, 5A
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: As of Febr. 9th, 2021
\$ 2960.17 are unpaid to EN HOA. This includes \$2000.- reserve funds dues due August 2020 and annual dues due Jan. 2021 of \$900.- plus interest.
(OVER)



Form No. 90 - Claim of Lien

BEBE

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7. Principal amount for which the lien is claimed is: Additional expenses will be claimed such as filing of lien \$103.50 and amounts as may become due + unpaid = \$3063.67 or more
8. If the Claimant is the assignee of this claim so state here: president, Eagles Nest HOA

Timothy Earl Nelson
CLAIMANT

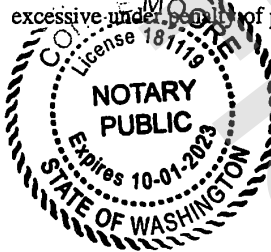
10A Eagles Nest Drive
STREET ADDRESS

Tim Nelson
CLAIMANT'S NAME (TYPED OR PRINTED)

Salmoner Wash. 98257 362-620-7464
CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Shagit) ss.

Tim Nelson, 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.



Timothy Earl Nelson
SIGNED AND SWORN TO before me on February 10, 2021

Cornie Moore
Notary Public for Washington
My appointment expires 10/1/2023

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 _____) ss.

I certify that I know or have satisfactory evidence that _____ 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 _____ of _____

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

DATED _____

Notary Public for Washington
My appointment expires _____