



202109160060

09/16/2021 12:11 PM Pages: 1 of 2 Fees: \$204.50
Skagit County Auditor

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

THE ORCHARDS PUD HOMEOWNERS ASSOC.
PO BOX 1633
ANACORTES WA 98221

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): THE ORCHARDS PUD HOMEOWNERS ASSOC.
Grantee (Claimant): ADAM FILBY
Abbreviated Legal Description: THE ORCHARDS PUD - LOT 60
Assessor's Property Tax Parcel or Account No: P124043
Reference No(s) of Related Documents:

THE ORCHARDS PUD
HOMEOWNERS ASSOCIATION
vs.
ADAM FILBY
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: THE ORCHARD PUD HOMEOWNERS ASSOCIATION
Telephone Number: 361-673-4944 Address: PO BOX 1633
ANACORTES WA 98221
- 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: APRIL 30, 2021
- Name of person indebted to the Claimant: ADAM FILBY
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4107 CHERRY LANE
ANACORTES WA 98221
- Name of the owner or reputed owner (If not known state "unknown"): ADAM FILBY
- 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:
2021-2022 ANNUAL DUES, DUE APRIL 30, 2021

(OVER)



Form No. 90 - Claim of Lien

BEBE

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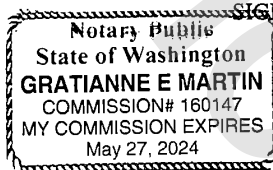
NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: \$387.56 PLUS \$3.52 ACCRUED INTEREST PER MONTH PLUS FILING FEES.

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

JOEL KELLEN CLAIMANT 4217 ORCHARD AVE STREET ADDRESS
JOEL KELLEN, TREASURER CLAIMANT'S NAME (TYPED OR PRINTED) ANACORTES CITY WA STATE 98221 ZIP 361-673-4944 PHONE
 STATE OF WASHINGTON, County of SKAGIT) ss.
JOEL KELLEN

_____, 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.



SIGNED AND SWORN TO before me on September 16th 2021

Gratianne E. Martin
 Notary Public for Washington
 My appointment expires May 27th 2024

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:

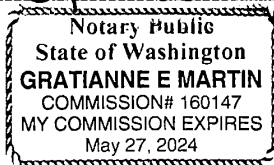
STATE OF WASHINGTON, County of Skagit) ss.

I certify that I know or have satisfactory evidence that Joel Kellen

_____ 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 the Orchards PUD

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

DATED September 16th 2021



Gratianne E. Martin
 Notary Public for Washington
 My appointment expires May 27th 2024