

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

Lot 20 Homestead Place Subdivision
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:

Theresa McMickle

- Name of Lien Claimant: Homestead Place Owners association -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

© 2006-2010 Washington Legal Blank, Portland, OR www.wlbfirms.com

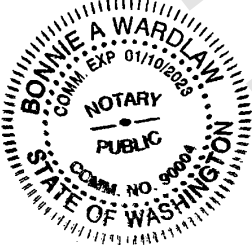
NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: \$909.00 plus any unpaid dues
accrued after 2022. (\$600 in HOA dues plus \$309 in filing/removal fees)

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

Homestead Place Owners Association PO Box 871
CLAIMANT STREET ADDRESS
Theresa McMickle (Treasurer) Burlington WA 98233 9788
CLAIMANT'S NAME (TYPED OR PRINTED) CITY STATE ZIP PHONE

STATE OF WASHINGTON, County of Skagit) ss. Association
Theresa McMickle - Treasurer of Homestead Place Owners, 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 2/17/22

Theresa McMickle
[Signature]
 Notary Public for Washington

My appointment expires 1-10-23

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 _____

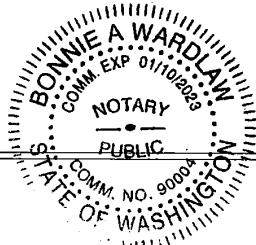
If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on
 behalf of a business entity:

STATE OF WASHINGTON, County of Skagit) ss.

I certify that I know or have satisfactory evidence that Theresa McMickle

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

DATED 2/17/22



[Signature]
 Notary Public for Washington

My appointment expires 1-10-23