202202180140

02/18/2022 01:00 PM Pages: 1 of 2 Fees: \$204.50 Skagit County Auditor

CLAIM OF LIEN Grantor (Name of person Indebted to Claimant): Harminder Singh Grantor (Name of person Indebted to Claimant): Harminder Singh Granter (Claimant): Harnestead Place Owners Association Abbreviated Legal Description: NIA Assessor's Property Tax Parcel or Account No. P1222 V4 Reference No(s) of Related Documents: Itamestaad Place CCRs - 200412 40045 Lot 20 Harestead Place Woodly Sign Homestead Place Owners Association Claimant, Harminder Singh Homestead Place Owners Association 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: Homestead Place Owners association - Treasurer Telephone Number: 340-340-3783 Address: P0. Box 871 Burlington, WH 98233 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: 10-17-2005 3. Name of person indebted to the Claimant: Harminder Singh 4. 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, WH 98233 Parcel # P1222 V4 5. Name of the owner or reputed owner (If not known state "unknown"): Harminder Singh 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: Orgoing Hold dves accreed yearly on The last day of February (OVER)	After recording, return to (Name, Address, Zip):
CLAIM OF LIEN Grantor (Name of person indebted to Claimant): Harminder Singh Grantor (Name of person indebted to Claimant): Harminder Singh Grantor (Name of person indebted to Claimant): Harminder Singh Abbreviated Legal Description: NIA Assessor's Property Tax Parcel or Account No: P1222 64 Reference No(s) of Related Documents: Homestead Place CCPs - 200412 40045 Lot 20 Harrestead Place Owners Pessociation 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: Homestead Place Owners association - Theresa McMickle 1. Name of Lien Claimant: Homestead Place Owners association - Theresa McMickle 1. Name of Lien Claimant: Homestead Place Owners association - Theresa McMickle 1. Name of Lien Claimant: Homestead Place Owners association - Theosurer Telephone Number: 360-840-9788 Address: P0. Box 871 Burlington, WH 98233 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: 10-17-2005 3. Name of person indebted to the Claimant: Harminder Singh 4. 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, WH 98233 Parcel # P122204 5. Name of the owner or reputed owner (If not known state "unknown"): Harminder Singh 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: Organia Holft dues occrued yearly on The last day of February	tomestead Place Owners Mssociation
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Grantor (Name of person indebted to Claimant): Harminder Singh Grantee (Claimant): Harnestead Place Owners Association Abbreviated Legal Description: NIP Assessor's Property Tax Parcel or Account No: P122264 Reference No(s) of Related Documents: Homestead Place CCPs - 200412140045 Lot 20 Harletead Place Owners Resociation Claimant, Harminder Singh Homestead Place Owners Resociation 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: Homestead Place Owners association - Treasurer Telephone Number: 310-840-9788 Address: P0 80x 871 Burlington, WH 98233 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: 10-17-2005 3. Name of person indebted to the Claimant: Harminder Singh 4. 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, WH 98233 Parcel # P122264 5. Name of the owner or reputed owner (If not known state "unknown"): Harminder Singh 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: Organia Holfa	J
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employee benefit plan were due; or material or equipment was furnished: Ongoing Hola dues accrued yearly on the last day of February (OVER)	5. Name of the owner or reputed owner (If not known state "unknown"): Harminder Singh
· · ·	employee benefit plan were due; or material or equipment was furnished: Orgoing Hola dues accrued yearly on the last day of February

	7. Principal amount for which the lien is claimed is: \$909.00 plus any unpaid dues accrued after 2022. (\$1000 in Hop dues plus \$309 in filing I removal fees)
	accruéd after 2022. (\$1000 in Hop dues plus \$309 in filing I removal fees)
	8. If the Claimant is the assignee of this claim so state here:
	Homestead Place Owners Association PO Box 871 STREET ADDRESS 360-840
	Theresa McMickle (Treasurer) Burlington WA 98233 9788
	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. WARRANTERSON TO THE SERVICE OF THE SERVICE O
	SIGNED AND SWORN TO before me on 4 17 122
8	S NOTARY & TOM Unit
S.	Notary Public for Washington My appointment expires
	My appointment expires My appointment expires
*,	OF WAS THE
	NOTE: Consider whether one of the following <u>additional</u> notarial certificates should be completed. See <i>Williams v. Athletic Field, Inc.</i> , 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
	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
	I certify that I know or have satisfactory evidence that Theresa Alchick C
	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
	such party for the uses and purposes mentioned in the instrument
	DATED
	DATED 2/17/22 / Drin Wardn
	DATED Notary Public for Washington My appointment expires 1-10-23
	DATED Notary Public for Washington Notary Public for Washington My appointment expires 1-10-23
	DATED Notary Public for Washington
	DATED Notary Public for Washington Notary Public for Washington My appointment expires 1-10-23
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