



202203300087

03/30/2022 02:00 PM Pages: 1 of 2 Fees: \$204.50
Skagit County Auditor

Claim of Lien

MAIL TO:

TOM/CINDY GRILLOT, Requestor
22552 STATE ROUTE 9
MOUNT VERNON, WA 98274

WILLABELLE ESTATES HOA, the Lienor Lienor's Agent stated herein, being duly sworn, states that the following is true:

1. This Claim of Lien concerns the contract between, WILLABELLE ESTATES HOA, Lienor, and TOM/CINDY GRILLOT, executed on JULY 11th, 1995.
2. Owner(s) Name(s): TOM/CINDY GRILLOT
3. Owner(s) address: 22552 STATE ROUTE 9 MTWN, WA 98274
4. Real property location: SKAGIT County/Parish, State of WASHINGTON
5. Real property description: (2.5000 AC) LAKESIDE ESTATES, LOT 2 ACRES P96070
6. Total value of real property: \$ TAXABLE VALUE \$1476,200.00
7. Total amount owed on real property: \$ AS OF MAY 31, 2018 (\$70,000 MORTGAGE)
8. Mortgagee for the real property (if applicable): SAVI BANK
9. Labor, services, and/or materials supplied by Lienor: ASSESSMENT \$1,251.42 + FILING FEES
10. Value of the provided labor, services, and/or materials: \$ 1251.42
11. Amount that remains unpaid on provided labor, services, and/or materials: \$ 1251.42
12. First day that Lienor supplied the labor, services, and/or materials: 7-11-1995
13. Last day that Lienor supplied the labor, services, and/or materials: _____
14. If required, Lienor served Preliminary Notice to Owner(s) on _____ by _____.

15. If required, Lienor served Preliminary Notice to the Primary Contractor, _____, on _____, by _____.

16. If required, Lienor served Preliminary Notice to the Lender, _____, on _____ by _____.

LIENOR HEREBY CLAIMS a lien per the laws of the State of WASHINGTON, against the property described above, in the amount of \$ 1251.42.

[Signature]
Signature of Lienor or Lienor's Agent

3/30/22
Date

WILLABELLE ESTATES HOA, Lienor (or Lienor's Agent)
P.O. BOX 1850, Address
MOUNT VERNON, WA 98273, City, State, Zip
425-971-5099, Phone
C.hewett@comcast.net, Email

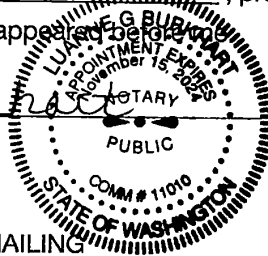
The following boxed text applies in the State of California:

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF WA)
COUNTY OF SKAGIT)

Subscribed and sworn to (or affirmed) before me on this 30TH day of MARCH, 2022 by CHARLES HEWETT, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature of Notary
(Seal)



Affiant Known Produced ID
Type of ID WDL

CERTIFICATION OF MAILING

I, _____, served a copy of this Claim of Lien on _____ by certified USPS mail, return receipt requested, in accordance with the law, to:

Name: _____
Address: _____