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Recording requested by: Settlers Savare	Space above reserved for use by Recorder's Office
When recorded, mail to:	Document prepared by:
Name: Settlers Square	Name Shari Miller Hot pres
Address: 1714 Figalgo Pl	Address 1274 Haalgo Pl
City/State/Zip: Salvo Woolley, WA 98284	City/State/Zip Sedro Woolkey, WA 98284
	\mathcal{J}
Claim of Lien	
State of Washington	
County of Skagri	
I, Shari Miller/Settlers Square	, being duly sworn, state the following:
In accordance with an agreement to provide labor and/o	r material, I did furnish the following labor and/or
materials: HOA past dues Sept, 200.	9 to July 2011
- HOA dues are \$20/mtn, pl	us \$25 late fee, plus
recording and release of	lien of \$124
J	
1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
on the following described real property located in 5 washington, commonly known as:	
1259 Fradas Pl.	Sedro Woolley, WA 98284
(250 / 1001190 1 1)	
and legally described as: . 16 ac Fidalgo (Commons PUD lot 15
	or and the control of the control o
which property is owned by Nenith Schmidt + Ste	phen Brian, whose address is
17522 State Route 9, Mt Vernon,	AA 98274 , of a total value
of \$ 609.00 , of which there remains unpaid \$	609.00 , and I further state that I
furnished the first of the items on the date of $9/1/$	2009 , and the last of the items on
	**NOVA LF136 Clalm of Llen Pg.1 (08-09)

40 days of 7/1/201	
the date of $\frac{7/1/2011}{}$.	
I hereby, under the laws of the State of Washing	, claim a lien against the above-de-
scribed property in the amount of money, stated above,	
X MAN Mezza	Shari Miller
Signature of Person Claiming Lien	Name of Person Claiming Lien
	20
Address of person claiming lien: 1274 Fidalg	10 M., Sedro Woolley, With
i de la companya de	98284
on Auly 20,2011 . Shap	came before
me personally and, under oath, stated that he/she is the r	
he/she signed the above document in my presence.	The state of the s
and was the	M. GULL
Motary Signature Mugnon	S OT A S S ION E S J
Notary Public,	STATE NAME OF THE PARTY OF THE
In and for the County of Skaait Stat	e Masanyaran
My commission expires: 03/01/2014	Seal 68
CERTIFICATE OF MAILING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	WASHILINE WASHINE
I, Shari Miller, certify that of	on this date,, I have mailed a
copy of this Claim of Lien by USPS certified mail, return	n receipt requested, in accordance with the law, to:
Name: Nenita Schmidt, Stephen	<u> </u>
Address 17522 State Route 9, Mt	
Date: 7/20/1)	
SIMMU	Shari Miller
Signature of Person Mailing Claim of Lien	Name of Parson Mailing Claim of Lian
), KANKI UBA PARA PARA KAN KAN KAN KAN KAN KAN KAN KAN KAN KA
•	201107210033
	Skagit County Auditor

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