01/13/2023 09:58 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

When Recorded Return to: Pody & McDonald, PLLC 1000 Second Avenue, Suite 1605 Seattle, WA 98104-1094

NOTICE OF RELEASE OF CLAIM OF LIEN FOR UNPAID ASSESSMENTS Reference numbers of related documents: 202008280174

Grantor(s): CEDAR HEIGHTS PUD 1 HOMEOWNERS ASSOCIATION

Grantee(s): ORTIZ, ERIK DEL RIO DEL RIO, VERONICA

Legal Description: LOT  $\underline{83}$ , PLAT OF CEDAR HEIGHTS PUD 1, PHASE 1, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 19, 2007 UNDER AUDITOR'S FILE NO. 200701190116, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Property Tax Parcel or Account Number: P125779 / 4917-000-083-0000 Grantor releases a lien claim filed against the above described real property on August 28, 2020 under the above referenced recording number for unpaid assessments in the amount of \$341.26. This concerns collection of a debt. Any information obtained will be used for that purpose. The attorney is acting as a debt collector.

| debt. Any information obtained will b   | e used for that purpose. The accorney is  |
|---|---|
| acting as a debt collector.             |   |
| DATED this Lay of James                 | , 2023. STROSE M. 11.                     |
| CEDAR HEIGHTS PUO 1 HOMBOWNERS ASSOCIA  | ATION                                     |
| By d                                    | - O - Mesant tall                         |
| Pody & McDonald, PLAC, 206-467-1559     |   |
| 1000 Second Avenue, Suite 1605          | 197021                                    |
| Seattle, WA 98104-1094                  | ON TO COLIC SERVE                         |
| STATE OF WASHINGTON )                   | 1/ 7/ 1/ 03.20 E                          |
| ) ss.                                   | W. C. Comming                             |
| COUNTY OF KING )                        | WASHILL                                   |
| The undersigned, being first du         | ly sworn on oath, deposes and says: I am  |
|   | med; I am authorized by grantor to sign   |
| this document as its attorney; I have   | read the foregoing, know the contents     |
| thereof, and believe the same to be to  | ue and correct.                           |
| /1 /                                    |   |
| $V \sim V$                              |   |
|   | · ·                                       |
| SUBSCRIBED AND SWORN to before me this  | s 12 <sup>th</sup> day of Januany , 2023. |
| • |   |
| t smith                                 | NOTARY PUBLIC in and for the State of     |
| JUSTE ROSE M. SMITH                     | Washington, residing at Pattle            |
| (Print Name)                            | My commission expires:                    |
|   | -11110                                    |
|   |   |