

PLEASE RECORD AND RETURN TO:  
LienData USA, Inc. Agents For  
P.O. Box 1120  
Bothell, WA 98041-1120  
=====



200001050032  
Kathy Hill, Skagit County Auditor  
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**CLAIM OF LIEN**

GALE INDUSTRIES, INC.  
dba: SONO-THERM INSULATION,  
CLAIMANT,  
VS.  
VIEWPOINT BUILDERS,  
Person or Persons  
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:

1. NAME OF LIEN CLAIMANT: **Gale Industries, Inc.**  
ADDRESS: **dba: Sono-Therm Insulation**  
**P.O. Box 225**  
**Marysville, WA 98270**  
TELEPHONE NUMBER: **(360) 659-7674**
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: **September 23, 1999**
3. NAME OF PERSON INDEBTED TO CLAIMANT:  
**Viewpoint Builders**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS  
CLAIMED (Street address, legal description or other  
information that will reasonably describe the  
property): **PLAT OF SKAGIT BEACH NO 1, THAT POR OF**  
**TRACTS "A" & "F" LYING EASTERLY OF THE E LINE OF PL**  
  
Commonly Known As: **Parc #P69435**  
**14725 Channel Dr**  
**La Conner**  
**Skagit County, WA**
5. NAME OF THE OWNER OR REPUTED OWNER:  
**Viewpoint Builders**  
**Steven & Susan Swigert**  
**1418 Channel Dr**  
**Mt Vernon, WA 98273**

6. THE LAST DATE ON WHICH LABOR WAS PERFORMED;  
PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO  
AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR  
EQUIPMENT WAS FURNISHED: **October 15, 1999**
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN  
IS CLAIMED IS: **\$1,773.00** plus filing fees  
plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE  
HERE: **Not Applicable.**

DATED this 4th day of January, 2000.

LienData USA, Inc.  
AGENT FOR CLAIMANT  
P.O. Box 1120  
Bothell, WA 98041-1120  
(425) 814-3134

Gale Industries, Inc.  
dba: Sono-Therm Insulation  
CLAIMANT  
P.O. Box 225  
Marysville, WA 98270  
(360) 659-7674

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

Heather Glanville, 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.

*Heather Glanville*  
\_\_\_\_\_  
Heather Glanville

SUBSCRIBED AND SWORN to before me this 4th day of January, 2000.

*Jackie Coghlan*  
\_\_\_\_\_  
Jackie Coghlan  
NOTARY PUBLIC in and for the  
State of Washington  
residing at Lynnwood.  
My Commission expires: 2/04/01.



  
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