

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



200010110046

, Skagit County Auditor

10/11/2000 Page 1 of 2 11:00:13AM

GALE INDUSTRIES, INC. DBA: GALE
INSULATION,
CLAIMANT,
VS.
TRADITIONAL HOME CONSTRUCTION,
Person or Persons,
Indepted to Claimant,

CLAIM OF LIEN

60.04 RCW. In support of this lien the following information is submitted:

NOTICE IS HEREBY GIVEN that
the person named below claims
a lien pursuant to chapter

1. NAME OF LIEN CLAIMANT: **Gale Industries, Inc.**
ADDRESS: **DBA: Gale Insulation
PO Box 225
Marysville, WA 98270
(360) 659-7674**
TELEPHONE NUMBER:
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: **August 30, 2000**
3. NAME OF PERSON INDEBTED TO CLAIMANT:
**Traditional Home Construction
160 Cascade Place #206
Burlington, WA 98233**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS
CLAIMED (Street address, legal description or other
information that will reasonably describe the
property): **VACATED LOTS 5-10 BLK 319 JULIUS S POTTERS
PLAT OF FIDALGO CITY TW THE E 1/2 VACATED WOODLAND
AVE ADJ AND THE W 1/2 VACATED HAPIN AVE ADJ AND N 1/2
VACATED STARR ST ALSO TW ALL VACATED ALLEY ADJOINING**

Commonly Known As: **Parcel #P19633
15844 Yokeko Dr.
Anacortes, Skagit County, WA**
5. NAME OF THE OWNER OR REPUTED OWNER:
**Benjamin & Laura Caldwell
4207 'O' Avenue
Anacortes, WA 98221**

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: **August 30, 2000**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4,251.57 PLUS INTEREST PLUS LIEN FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: **Not Applicable**

DATED this 9th day of October, 2000.

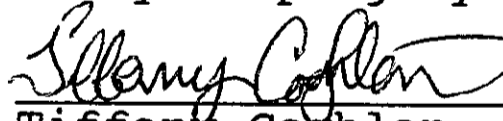
LienData USA, Inc.
AGENT FOR CLAIMANT
P.O. Box 1120
Bothell, WA 98041-1120

Gale Industries, Inc.
DBA: Gale Insulation
CLAIMANT
PO Box 225
Marysville, WA 98270
(360) 659-7674

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)


Tiffany Coghlan, 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.



Tiffany Coghlan

SUBSCRIBED AND SWORN to before me this 9th day of October, 2000.



Jackie Coghlan
NOTARY PUBLIC in and for the
State of Washington
residing at Lynnwood.
My Commission expires: 02/04/01



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Skagit County Auditor