



200401200158

Skagit County Auditor

1/20/2004 Page

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2 11:43AM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 148  
MARYSVILLE, WA. 98270

### CLAIM OF LIEN

CANYON CREEK CABINET COMPANY

Claimant.

VS

CASTELLETTO HOMES

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: CANYON CREEK CABINET COMPANY  
TELEPHONE NUMBER: (800) 228-1830  
ADDRESS: 16726 TYE ST SE, MONROE, WA. 98272
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: OCTOBER 3, 2003
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CASTELLETTO HOMES, P.O. BOX 917, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 11952 CANYON RIDGE RD, ANACORTES, WA.  
LEGAL DESCRIPTION: LOT Z, FIDALGO BAY ADDITION TO ANACORTES MAP OF AGGREGATION, RECORDED IN VOLUME 12 OF SURVEYS, PAGES 147 AND 148, UNDER AUDITOR'S FILE NO. 9204200040, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF BLOCKS 15 THROUGH 32, FIDALGO BAY ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 24, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P60740
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
MALINDA L. THOMAS, 1004 COMMERCIAL AVE, #423, ANACORTES, WA. 98221-4117
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 27, 2003
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,234.46, PLUS \$114.00 LIEN FEES, (TOTAL \$1,348.46), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

*Erica Smith*

For, CANYON CREEK CABINET COMPANY, Claimant

16726 TYE ST SE

MONROE, WA. 98272

(800) 228-1830

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

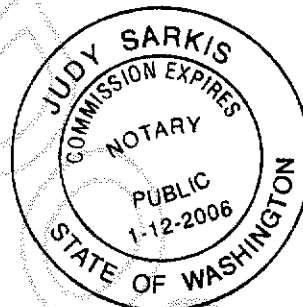
ERICA SMITH, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Erica Smith

On this day personally appeared before me, ERICA SMITH, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 15 day of January, 2004

Judy Sarkis  
PRINTED NAME: JUDY SARKIS  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD  
My commission expires: 1/12/06



Order #010364, dated: 1/12/04



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