



200405170145
Skagit County Auditor

5/17/2004 Page 1 of 2 10:12AM

RETURN TO:

MASCO CONTRACTOR SERVICES CENTRAL INC.

FKA: GALE INDUSTRIES, INC., DBA: GALE CONTRACTOR SERVICES

4519 S. ORCHARD STREET

TACOMA, WA 98466-6621

MASCO CONTRACTOR SERVICES CENTRAL INC.

FKA: GALE INDUSTRIES, INC., DBA : GALE CONTRACTOR SERVICES

Claimant

VS.

CASCADE TREE SERVICE

CLAIM OF LIEN

Name of person 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.

Name of Lien MASCO CONTRACTOR SERVICES CENTRAL. Name of Owner JERRY HAMMER
Or

1. Claimant: FKA: GALE IND., DBA: GALE CONT. SVC5. Reputed Owner: 4040 MOUNT BAKER HWY

Address: TACOMA, WA 98466-6621

Address: EVERSON, WA 98247

Telephone #: (866) 241-7235 / (253) 472-2859

Certified #: 7001 2510 0003 8003 3029

2. Date of which the claimant began to perform labor, provide professional services, supply or equipment or the date of which employee benefit contributions became due: FEBRUARY 19, 2004

3. Name of person indebted to the claimant: CASCADE TREE SERVICE

4. Description of the property against which a lien is claimed:

LOT 2, PURD OF WATERS VIEW, RECORDED UNDER AUDITOR'S FILE #200111270055, 2.28 ACRES, ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P118593

COMMONLY KNOWN AS: 42555 – WATERS VIEW CT.
CONCRETE, WA 98284

6. This 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:

FEBRUARY 19, 2004

7. Principal amount for which the lien is claimed is: \$5,984.13 + \$200.00 LIEN FEE = \$6,184.13

8. If the claimant is the assignee of this claim so state here: NONE



State of Washington, County of

KING, ss.

JOY A. TANSEY, (PRESIDENT OF CONSTRUCTION CREDIT CORP, AGENT FOR CLAIMANT) being sworn, says: I am the claimant (or attorney of the claimant or administrator, representative, or agent of the claimant or 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.

[Signature]

Subscribed and sworn to before me this 14TH day of MAY 2004

[Signature]

Notary Public in and for the State of Washington, residing at: SEATTLE

My Commission Expires: OCTOBER 10, 2004



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