


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

  
200102210024  
, Skagit County Auditor  
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#### CLAIM OF LIEN

GALE INDUSTRIES, INC.  
dba: GALE INSULATION,  
CLAIMANT,  
VS.  
VIRGINIA LEE SUMMERS,  
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: Gale 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: **November 28, 2000**
3. NAME OF PERSON INDEBTED TO CLAIMANT:  
**Virginia Lee Summers**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS  
CLAIMED (Street address, legal description or other  
information that will reasonably describe the  
property): **WEST GOLF TO SIMILK BEACH LOT 8 BLK**  
  
Commonly Known As: **Parc #P69379**  
**13323 N Green St**  
**Anacortes, Skagit County, WA**
5. NAME OF THE OWNER OR REPUTED OWNER:  
**Virginia Lee Summers**  
**& Jeff Summers**  
**13323 N Green St**  
**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: **November 28, 2000**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN  
IS CLAIMED IS: **\$1,718.08** **plus filing fees**  
**plus interest**

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

DATED this 20th day of February, 2001.

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

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

STATE OF WASHINGTON )  
COUNTY OF KING ) ss.

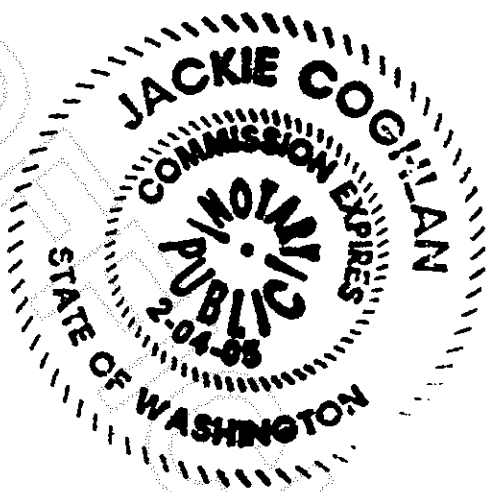
Lois A Coghlan, being sworn, says:

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.

Lois A Coghlan  
Lois A Coghlan

SUBSCRIBED AND SWORN to before me this 20th day of February, 2001

Jackie Coghlan  
Jackie Coghlan  
NOTARY PUBLIC in and for the  
State of Washington  
residing at Lynnwood.  
My Commission expires: 2/04/05.



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