

RETURN TO:

WEST COAST GENERAL CONSTRUCTION INC.

DBA: THOMPSON ROOFING & GUTTERS INC.

417 - 99<sup>TH</sup> ST. E.

TACOMA, WA 98445



200202040040

Skagit County Auditor

2/4/2002 Page 1 of 2 11:11AM

WEST COAST GENERAL CONSTRUCTION, INC.

DBA: THOMPSON ROOFING & GUTTERS INC.

Claimant

VS.

NORTHOMES, INC.

## 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 WEST COAST GENERAL CONSTRUCTION Name of Owner CHRIS CAMMOCK

Or

1. Claimant: DBA: THOMPSON ROOFING

5. Reputed Owner: 1226 MADISON PARK DR.

Address: TACOMA, WA 98445

Address: NEWCASTLE, WA 98059

Telephone #: (253) 537-2332

Certified #: 7000 1670 0003 9056 8462

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: NOVEMBER 30, 2001

3. Name of person indebted to the claimant: NORTHOMES, INC.

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

BEGINNING 487 FEET EAST OF THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER; THENCE SOUTH 26° 30 EAST 50 FEET TO THE COUNTY ROAD; THENCE SOUTH 82° EAST 100 FEET; THENCE NORTH 82° WEST 100 FEET; THENCE SOUTH 26° 30 FEET EAST 50 FEET TO THE TRUE POINT OF BEGINNING, SITUATED IN COUNTY OF SKAGIT, STATE OF WASHINGTON.

**TAX PARCEL #P17033 (330421-3-004-0108)**

COMONLY KNOWN AS: 20327 ENGLISH ROAD  
MT. VERNON, WA 98273

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:

DECEMBER 10, 2001

7. Principal amount for which the lien is claimed is: \$1,985.16 + \$85.00 LIEN FEE = \$2,070.16

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.

Subscribed and sworn to before me this 30TH day of JANUARY 2002

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

My Commission Expires: OCTOBER 10, 2004



200202040040

Skagit County Auditor