

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

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200206140109

Skagit County Auditor

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### CLAIM OF LIEN

**GTS DRYWALL SUPPLY CO.,**  
**CLAIMANT,**  
**VS.**  
**NEW WALL DRYWALL,**  
**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:** **GTS Drywall Supply Co.**  
**ADDRESS:** **1524 Market Street**  
**Kirkland, WA 98033**  
**TELEPHONE NUMBER:** **(425) 828-0608**
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:** **February 8, 2002**
3. **NAME OF PERSON INDEBTED TO CLAIMANT:**  
**New Wall Drywall**  
**814 W Hazel**  
**Mt Vernon WA 98273**
4. **DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:**  
**Legal Description: SHELTER BAY, BLOCK 5, LOT 837**  
  
**Commonly Known As: Parcel # P-7050**  
**837 Shoshone Drive**  
**La Conner, Skagit County, Washington**
5. **NAME OF THE OWNER OR REPUTED OWNER:**  
**John D & Mary C Siddle**  
**370 NE Camano Drive**  
**Camano Island WA 98282**

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: **March 18, 2002**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:  
**\$1,533.14** plus interest  
plus filing fees

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

DATED this 14th day of June, 2002.

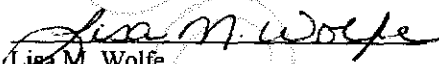
LienData USA, Inc.  
AGENT FOR CLAIMANT  
P.O. Box 1120  
Bothell, WA 98041-1120

GTS Drywall Supply, Co.  
CLAIMANT  
1524 Market Street  
Kirkland, WA 98033  
(425) 828-0608

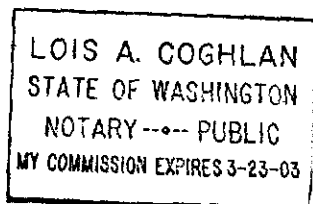
STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

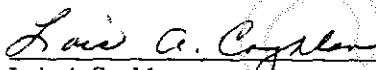
Lisa M. Wolfe, being sworn, says:


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.

  
Lisa M. Wolfe

SUBSCRIBED AND SWORN to before me this 4th day of June, 2002.



  
Lois A Coghlan  
NOTARY PUBLIC in and for the  
State of Washington  
residing at Kirkland.  
My Commission expires: 03/23/03.

  
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