



200303260105

Skagit County Auditor

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2 10:36AM

MASCO CONTRACTOR SERVICES CENTRAL, INC.**FKA: GALE INDUSTRIES, INC., DBA: GALE CONTRACTOR SERVICES****4519 - S. ORCHARD ST.****TACOMA, WA 98466-6621****MASCO CONTRACTOR SERVICES CENTRAL, INC.****FKA: GALE INDUSTRIES, INC., DBA : GALE CONTRACTOR SERVICES**

Claimant

VS.

N J CONSTRUCTION**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, INC. Name of Owner JOSEPH P. ORR
Or

1. Claimant: FKA: GALE IND., DBA: GALE CONT. SVC 5. Reputed Owner: 6719 - HIGHWAY 9

Address: TACOMA, WA 98466-6621

Address: SEDRO WOOLLEY, WA 98284

Telephone #: (253) 475-6655

Certified #: 7001 2510 0003 8057 4812

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: DECEMBER 13, 2002

3. Name of person indebted to the claimant: N J CONSTRUCTION

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

PARCEL 1 SHAUGER ACRES, ACRES 1.43, OF SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200210010139, ALSO KNOWN AS LOT 19, EXCEPT THE WEST 150 FEET THEREOF, IN SECTION 12, TOWNSHIP 34 NORTH, RANGE 04 EAST, W.M., , RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P69077 (#3997-000-019-0008)

COMMONLY KNOWN AS: 13144 STATE ROUTE 9
MOUNT 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 13, 2002

7. Principal amount for which the lien is claimed is: \$2,550.00 + \$150.00 LIEN FEE = \$2,700.00

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



State of Washington, County
of

KING, ss.

MICHAEL J. TANSEY, (VICE 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 25TH day of MARCH 2003

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

My Commission Expires: OCTOBER 10, 2004



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