



200312300104
Skagit County Auditor

12/30/2003 Page 1 of 2 1:17PM

RETURN ADDRESS:

**CASCADE GUTTER SERVICE INC.
P.O. BOX 151
BURLINGTON, WA 98233**

CLAIM OF LIEN

Cascade Gutter Service

Claimant

Vs.

Castelletto Homes Inc

Person Indebted to Claimant

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

Grantor(s)(Owner): **Malinda Thomas**

Grantee(s) (Claimants): **Cascade Gutter Service**

Legal Description (abbreviated): **N P TO ANACORTES LOT 13 OF SURVEY REC AF#9109090003**

Assessor's Property Tax Parcel/Account #: **P100054, 3809-108-015-0000**

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 Claimant: **Cascade Gutter Service, Inc.**

Address: **10624 District Line Road, Burlington, WA 98233**

Telephone Number: **360-757-1004**

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: **Wednesday, October 22, 2003.**

Name of the person indebted to the claimant: **Castelletto Homes Inc**

Description of the property against which a lien is claimed:

Commonly known as: **3705 4th St W, Anacortes, WA 98221, Skagit County Washington**

Legally described as: **N P TO ANACORTES LOT 13 OF SURVEY REC AF#9109090003 AKA W 25.07FT OF LOT 13 ALL LOT 14 & E 14.93FT LOT 15 BLK 1108**

Name of the Owner or reputed owner: Malinda L. Thomas

Address: 1705 -39th Street, Anacortes, WA 98221

Telephone Number: _____

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: Wednesday, October 22, 2003.

Principal amount for which the lien is claimed is: \$657.27

The Total amount claimed: \$738.61, which includes lien fees in the amount of \$70.00 and finance charges of \$11.34. Interest will accrue at the rate of 1.5% monthly until paid.

Cheryl Calhoun
Agent for Claimant

STATE OF WASHINGTON

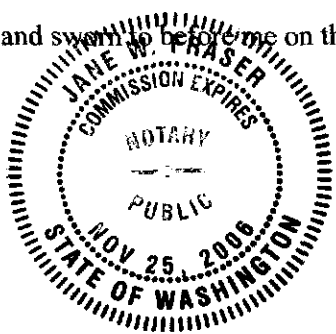
County of Skagit

ss.

Cheryl Calhoun, 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) for **CASCADE GUTTER SERVICE, INC.** above named; I have read or heard the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Cheryl Calhoun

Signed and sworn to before me on this 30th day of December, 2003



Jane W. Fraser
Print Name Jane W. Fraser

Notary Public in and for the State of WA

My appointment expires: 11-25-2006

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



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