



200404150042

Skagit County Auditor

4/15/2004 Page 1 of 3 9:50AM

RETURN TO:

**MASCO CONTRACTOR SERVICES CENTRAL INC.**

**FKA: GALE INDUSTRIES, INC. DBA: GALE CONTRACTOR SERVICES**

**4519 - S. ORCHARD STREET**

**TACOMA, WA 98466-6621**

**MASCO CONTRACTOR SERVICES CENTRAL INC.**

**FKA: GALE INDUSTRIES, INC., DBA : GALE CONTRACTOR SERVICES**

Claimant

**VS.**

**CONSTRUCTION & RESTORATION SERVICES**

**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 CONT. SVCS CENTRAL. Name of Owner SUMMIT PARK BIBLE CHURCH  
Or

1. Claimant: FKA: GALE IND., DBA: GALE CONT. SVCS 5. Reputed Owner: 12700 THOMPSON ROAD

Address: TACOMA, WA 98466-6621

Address: ANACORTES, WA 98221

Telephone #: (866) 241-7234, (253) 472-2859

Certified #: 7001 2510 0003 8003 4521

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: JANUARY 23, 2004

3. Name of person indebted to the claimant: CONSTRUCTION & RESTORATION SERVICES

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

SEE ATTACHED LEGAL DESCRIPTION.

TAX PARCEL #P19815 (340204-3-024-0014)

COMMONLY KNOWN AS : SUMMIT PARK BIBLE CHURCH  
12700 THOMPSON ROAD  
ANACORTES, WA 98221

NE SW 4-342

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:

JANUARY 24, 2004

7. Principal amount for which the lien is claimed is: \$1,194.00 + \$200.00 LIEN FEE = \$1,394.00

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 14TH day of APRIL 2004

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

My Commission Expires: OCTOBER 10, 2004



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**LEGAL DESCRIPTION: TAX PARCEL #P19815 (340204-3-024-0014)**

**PORTION OF THE NORTHEAST QUARTER OF SOUTHWEST QUARTER  
DEFINED AS FOLLOWS:**

**BEGINNING AT THE SOUTH QUARTER OF SECTION 4;  
THENCE NORTH ALONG THE NORTH / SOUTH CENTER LINE, 1495.63  
FEET TO THE INTERSECTION OF SUMMIT PARK ROAD;  
THENCE NORTH 88°11'40" WEST ALONG SAID CENTER LINE OF ROAD,  
299.61 FEET;  
THENCE NORTH 0°56'22" EAST, 30 FEET TO THE NORTH MARGIN OF  
SAID ROAD ALSO BEING POINT OF BEGINNING;  
THENCE NORTH 0°56'22" EAST, 259.09 FEET TO THE SOUTH MARGIN OF  
HIGHWAY 20;  
THENCE EASTERLY & SOUTHEASTERLY ALONG SOUTH LINE OF  
HIGHWAY TO THE INTERSECTION OF HIGHWAY 20 & THOMPSON  
ROAD;  
THENCE SOUTH TO THE NORTH MARGIN OF SUMMIT PARK ROAD;  
THENCE WEST ALONG THE NORTH MARGIN OF SAID ROAD TO POINT  
OF BEGINNING (P19810, P19812, P19814 COMBINED TO THIS ACCOUNT)**

**SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.**



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