



200407200139  
Skagit County Auditor

7/20/2004 Page 1 of 2 4:17PM

Return Address:

Savage Roofing, Inc.  
PO Box 336  
Anacortes, WA 98221

### CLAIM OF LIEN

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

Reference # (If applicable):

Grantor(s) (Owner): (1) Robert + Lisa Halstead (2) Add'l. on pg

Grantee(s) (Claimants): (1) Savage Roofing, Inc. Gary Grimmes Add'l. on pg

Legal Description (abbreviated): Pt Govt 2 Sec 30 Twp 35 Rng 2 Add'l. legal is on page

Assessor's Property Tax Parcel /Account #: P33074 / 350230-0-082-0010

Savage Roofing, Inc.  
Gary Grimmes Claimant

Robert + Lisa Halstead vs.  
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 CLAIMANT: Savage Roofing Inc / Gary Grimmes  
TELEPHONE NUMBER: 360-293-2021 ADDRESS: PO Box 336 Anacortes, WA 98221
- 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: 9 Feb 2004
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Robert + Lisa Halstead
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):  
816 - 37th St. Anacortes, WA 98221
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Robert + Lisa Halstead  
TELEPHONE NUMBER: 360-293-2421 ADDRESS: 816-37th St. Anacortes, WA 98221
- 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: 24 April 2004



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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.

My appointment expires: 04-15-05  
Notary Public in and for the State of Washington  
Print Name Verne A. Aves  
Verne A. Aves  
day of July 2004



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.

Gary M. Grimes  
County of Skagit  
SS. )  
STATE OF WASHINGTON

Telephone Number 360-293-2021  
Address Acadefes, WA 98221  
Print or Type Name PO Box 330 911-31st  
Claimant GARY M. GRIMES

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3050.05  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: