

RETURN TO:

NATHAN JONES CONSTRUCTION

4300 BLUE HERON CR., #4

ANACORTES, WA 98221



200409030047
Skagit County Auditor

9/3/2004 Page 1 of 2 10:19AM

NATHAN JONES CONSTRUCTION

Claimant

VS.

CALVIN & JOAN MICKELSON, D/B/A CAL MICKELSON CONSTR.

Name of person indebted to claimant:

CLAIM OF LIEN

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 NATHAN JONES CONSTRUCTION Name of Owner CALVIN & JOAN MICKELSON
Or

1. Claimant: 4300 BLUE HERON CR., #4 5. Reputed Owner: D/B/A CAL MICKELSON CONSTRUCTION

Address: ANACORTES, WA 98221

Address: 419 5TH STREET

ANACORTES, WA 98221

Telephone #: (360) 708-8538

Certified #: 70012 510 0003 8002 8896

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: AUGUST 12, 2004

3. Name of person indebted to the claimant: CALVIN & JOAN MICKELSON, D/B/A CAL MICKELSON CONSTR.

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

LOT 8, N P TO ANACORTES, ACRES 0.29; EXCEPT THE EASTERLY 5.00 FEET THEREOF SURVEY OF ROCK RIDGE UNDER AUDITOR'S FILE #9812030124 RECORDED IN VOLUME 21 OF SURVEYS, PAGES 85 - 87, BEING A PORTION OF BLOCKS 1318 - 1323 AND BLOCKS 1122 - 1125. ALL IN SECTION 30, SURVEY RECORDED UNDER AUDITOR'S FILE #200209040073, SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

TAX PARCEL #P113934

COMMONLY KNOWN AS: 3817 W. 11TH
ANACORTES, WA 98221

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:

AUGUST 14, 2004

7. Principal amount for which the lien is claimed is: \$3,950.00 + \$110.00 LIEN FEE = \$4,060.00

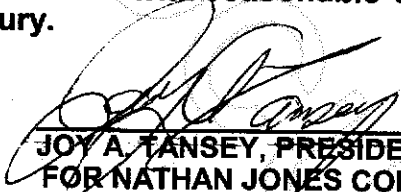
8. If the claimant is the assignee of this claim so state here: NONE

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.


JOY A. TANSEY, PRESIDENT, AGENT
FOR NATHAN JONES CONSTRUCTION
4500 BLUE HERON CR., #4
ANACORTES, WA 98221
(360) 708-8538

Subscribed and sworn to before me this 31ST day of AUGUST 2004


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

My Commission Expires: OCTOBER 10, 2004



200409030047
Skagit County Auditor