

RETURN TO:

GALE CONTRACTOR SERVICES

P. O. BOX 225

MARYSVILLE, WA 98271



200807030049

Skagit County Auditor

7/3/2008 Page

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2 11:09AM

GALE CONTRACTOR SERVICES

Claimant

VS.

HANSELL-MITZEL HOMES, INC.

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 GALE CONTRACTOR SERVICES

Name of Owner PATRICK L. & DAWN M. SEVERIN
Or

1. Claimant: P. O. BOX 225

5. Reputed Owner: 15214 AVON ALLEN ROAD

Address: MARYSVILLE, WA 98271

Address: MOUNT VERNON, WA 98273

Telephone #: (360) 403-1737

Certified #: 7008 0150 0002 1812 9239

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: MARCH 28, 2008

3. Name of person indebted to the claimant: HANSELL-MITZEL HOMES, INC.

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

O/S #68 RECORDED UNDER AUDITOR'S FILE #799167 1975 DR 15 DK 1, THE SOUTHWEST QUARTER THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER & THE SOUTH HALF OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 34 NORTH, RANGE 03 EAST, W.M., EXCEPT THE NORTH 330 FEET OF THE EAST 660 FEET THEREOF, ALSO EXCEPT COUNTY ROAD ALONG THE EAST LINE THEREOF, SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

TAX PARCEL #P22376 (#340323-1-005-0003)

COMMONLY KNOWN AS: 15214 AVON ALLEN ROAD
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:

MAY 14, 2008

7. Principal amount for which the lien is claimed is: \$10,608.10 + \$200.00 LIEN FEE = \$10,808.10

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
GALE CONTRACTOR SERVICES
P. O. BOX 225
MARYSVILLE, WA 98271
(360) 403-1737

Subscribed and sworn to before me this 1ST day of JULY 2008

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

My Commission Expires: OCTOBER 10, 2008



200807030049
Skagit County Auditor