

RETURN TO:

GALE CONTRACTOR SERVICES

P. O. BOX 3128

ARLINGTON, WA 98223



200910230017
Skagit County Auditor

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GALE CONTRACTOR SERVICES

Claimant

VS.

DG CONSTRUCTION

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 **ROBERT V. & SUSAN A. CUMMINGS**
Or

1. Claimant: P. O. BOX 3128

5. Reputed Owner: P. O. BOX 3008

Address: ARLINGTON, WA 98223

Address: ANACORTES, WA 98221

Telephone #: (360) 403-1700

Certified #: 7008 1140 0002 5524 8238

2. Date of which the claimant began to perform labor, provide professional services, materials, supply or equipment or the date of which employee benefit contributions became due: **SEPTEMBER 2, 2009**

3. Name of person indebted to the claimant: **DG CONSTRUCTION**

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

LOT 25, N P TO ANACORTES, SURVEY OF ROCK RIDGE RECORDED UNDER AUDITOR'S FILE 9812030124; BEING A PORTION OF BLOCKS 1318 - 1323 AND BLOCK 1122 - 1125. ALL IN SECTION 23, LOT 25 OF SURVEY OF ROCK RIDGE RECORDED UNDER AUDITOR'S FILE #9812030124; BEING A PORTION OF BLOCKS 1318 - 1323 AND BLOCKS 1122 - 1125. ALL IN SECTION 23, ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P114152 (#3809-323-025-0100)

COMMONLY KNOWN AS: 3719 - W. 12TH ST.

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:

SEPTEMBER 2, 2009

7. Principal amount for which the lien is claimed is: \$2,260.00 + \$260.00 LIEN FEE = \$2,520.00

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.

MELANIE P. MEKKHAVONG
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES
10-10-12

JOY A. TANSEY, PRESIDENT, AGENT FOR
GALE CONTRACTOR SERVICES
P. O. BOX 3128
ARLINGTON, WA 98223
(360) 403-1700

Subscribed and sworn to before me this 22ND day of OCTOBER 2009

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

My Commission Expires: OCTOBER 10, 2012



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