

WHEN RECORDED RETURN TO:

SKAGIT STATE BANK
300 Ferry St.
P.O. Box 432
Sedro Woolley, WA 98284



199911040019

Kathy Hill, Skagit County Auditor
11/4/1999 Page 1 of 1 10:04:43AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) GRAY, HANK SSN: [REDACTED] GRAY, PEGGY SSN: [REDACTED] 1053 W JORDAN RD BURLINGTON, WA 98233	2. Grantee(s)/Assignee/Beneficiary: SKAGIT STATE BANK Ferry St. 300 Ferry St. P.O. Box 432 Sedro Woolley, WA 98284	3. Assignee(s) of Secured Party(ies):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: SB-12694 Additional on page _____
Short Legal Description: LOT 4, SKAGIT COUNTY SP#8-81, VOL. 5, PG. 126, BEING A PTN . OF
TRACT 3, PLAT OF BURLINGTON ACREAGE PROPERTY, VOL. 1, PG. 49. Additional on page _____
Assessor's Tax Parcel ID#: 3867-000-0003-0805; 3867-000-003-1000
Legal Description: LOT 4, SKAGIT COUNTY SP#8-81, TRACT 3, PLAT OF BURLINGTON ACREAGE PROPERTY,
COMMONLY KNOWN AS 1053 W JORDAN RD., BURLINGTON, WA 98233.

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles, and accounts proceeds), together with the following specifically described property: ONE (1) 1971 FOUR SEASONS 24X52 MOBILE, S/N 0W1528, TOGETHER WITH ALL TOOLS, ACCESSORIES AND EQUIPMENT INCLUDING ALL SKIRTING, AWNINGS, DECKS AND BUILT-IN APPLIANCES.

4. <input checked="" type="checkbox"/> The debtor is the record owner.	
5. This statement is signed by the Secured Party(ies) instead of the Debtor(s) to perfect a security interest in collateral: (Please check appropriate box) (a) <input type="checkbox"/> already subject to security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected, or (c) <input type="checkbox"/> as to which the recording has lapsed, or (d) <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the debtor(s).	6. Complete fully if box (a) is checked: complete as applicable for (a), (b), and (c): Original recording number _____ Office where recorded _____ Former name of debtor(s) _____

Dated _____, 19____.

HANK GRAY and PEGGY GRAY

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

COPY 1 - COUNTY AUDITOR

SKAGIT STATE BANK

TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON