

WHEN RECORDED RETURN TO:



199912030048

Kathy Hill, Skagit County Auditor

12/3/1999 Page 1 of 1 10:50:04AM

Skagit State Bank
Ferry Street Branch
P.O. Box 432
Sedro Woolley, WA 98284

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es))

HOINES, SHAWN J SSN: [REDACTED]
HOINES, JULIE I SSN: [REDACTED]
4013 OLD HWY 99
BURLINGTON, WA 98233

2. Grantee(s)/Assignee/Beneficiary:

Skagit State Bank
301 E FAIRHAVEN AVE
P O BOX 285
BURLINGTON, WA 98233

3. Assignee(s) of Secured Party(ies):

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: 360429-1-007-0002

Additional on page _____

Short Legal Description: _____

Additional on page _____

Assessor's Tax Parcel ID#: P50258

Legal Description: E/2 N/2 N/2 NW NE, SEC. 29, T36N, R4E
W.M.

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: ONE 1999 27X60 FLEETWOOD MOBILE HOME TOGETHER WITH ALL AWNINGS, SKIRTINGS, DECKS AND BUILT-IN APPLIANCES, TOGETHER WITH ALL TOOLS, ACCESSORIES AND EQUIPMENT.

4. 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) 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) which is proceeds of the original collateral described above in which a security interest was perfected, or

(c) as to which the recording has lapsed, or

(d) acquired after a change of name, identity, or corporate structure of the debtor(s).

6. Complete fully if box (d) is checked: complete as applicable for (a), (b), and (c):

Original recording number _____

Office where recorded _____

Former name of debtor(s) _____

Dated 11-26, 19 99

[Signature]
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

Julie Hoines
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))

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

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON