

WHEN RECORDED RETURN TO:

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



199912080071

Kathy Hill, Skagit County Auditor  
12/8/1999 Page 1 of 1 10:52:50AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) <b>JOHNSON, NORMA I SSN: [REDACTED]</b> 24892 MINKLER RD #57 SEDRO WOOLLEY, WA 98284	2. Grantee(s)/Assignee/Beneficiary: <b>Skagit State Bank</b> 300 FERRY ST P O BOX 432 SEDRO WOOLLEY, WA 98284	3. Assignee(s) of Secured Party(ies):
---	---	---------------------------------------

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

Reference Number: \_\_\_\_\_ Additional on page \_\_\_\_\_  
Short Legal Description: \_\_\_\_\_ Additional on page \_\_\_\_\_

Assessor's Tax Parcel ID#: 350519-4-002-0057  
Legal Description:

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.** Including but not limited to: One (1) 1979 Gibraltar Mobile Home S/N 94745, together with all skirting, awnings, decks, built-in appliances and accessories.

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 Dec 6, 1999

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

Norma I. Johnson  
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