

WHEN RECORDED RETURN TO:



200001100003

Kathy Hill, Skagit County Auditor

1/10/2000 Page 1 of 1 8:37:44AM

**Skagit State Bank**  
P.O. Box 339  
Mt. Vernon, WA 98273

**WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING**

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

ANGEVINE, EARL F SSN: [REDACTED]

325 PINE ST  
MOUNT VERNON, WA 98273

2. Grantee(s)/Assignee/Beneficiary:

**Skagit State Bank**  
901 S CLEVELAND  
P O BOX 339  
MOUNT VERNON, WA 98273

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

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

Reference Number: B60152

Short Legal Description: PORTION LOTS 7-9, MAP OF SUPPLEMENTAL SURVEY OF BLOCK A  
RIVERSIDE ADDN. TO MOUNT VERNON

Additional on page \_\_\_\_\_

Additional on page \_\_\_\_\_

Assessor's Tax Parcel ID#: R54221 R54223

Legal Description: LOTS 8 AND 9, EXCEPT THE WEST 25.24 FEET

THEREOF, AND THE NORTH 1/2 OF LOT 7, EXCEPT THE WEST 38.24 FEET THEREOF, ALL IN "MAP OF THE  
SUPPLEMENTAL SURVEY OF BLOCK A AIN RIVERSIDE ADDITION TO MOUNT VERNON, SKAGIT COUNTY,  
WASHINGTON", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 46, RECORDS OF SKAGIT COUNTY,  
WASHINGTON

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All furniture, fixtures, and leasehold improvements of every kind, age, make, and description used in the operation of the  
Law Office of Earl F. Angevine located at 1003 Cleveland St. Mount Vernon, WA. 98273, including but not limited to the  
following; all inventory, signs, light fixtures, blinds, shelves, display cases, and other miscellaneous items.

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 January 5, 20 00

**EARL F ANGEVINE**

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