

WHEN RECORDED RETURN TO:

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



200001120013
Kathy Hill, Skagit County Auditor
1/12/2000 Page 1 of 1 10:13:56AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) KISSAS, GEORGE SSN: [REDACTED] 11170 PEACOCK LANE BURLINGTON, WA 98233	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 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: **P62346**

Additional on page _____

Short Legal Description: _____

Additional on page _____

Assessor's Tax Parcel ID#: **3867-000-012-1604**

Legal Description:

Ptn. Lot 2, All lot 3, Skagit County SP# 38-85, Vol. 7, pg. 58; Ptn. N/2 E/2, Tract 12, Plat of the Burlington Acreage Property, Vol. 1, pg. 49

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ALL OF THE HOUSEHOLD GOODS AND FURNITURE OF EVERY KIND, AGE, MAKE, AND DESCRIPTION, NOW OWNED OR HEREAFTER AT ANYTIME ACQUIRED BY THE BORROWER DURING THE CONTINUANCE OF THIS SECURITY AGREEMENT, INCLUDING BUT NO LIMITED TO ALL APPLIANCES, TV VIDEO EQUIPMENT, COMPUTER EQUIPMENT, ELECTRONICS, COUCHES, CHAIRS, TABLES, BEDROOM SETS, ETC. LOCATED ON PROPERTY OWNED BY THE BORROWER AT 11170 PEACOCK LANE, BURLINGTON WA SKAGIT COUNTY.

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 1-5, 2000

GEORGE KISSAS

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

George Kissas

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