

WHEN RECORDED RETURN TO:

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



200002030001

**Kathy Hill, Skagit County Auditor**  
2/3/2000 Page 1 of 1 8:33:52AM

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

1. Grantor(s): (last name first, and mailing address(es)) <b>LAW OFFICE OF BRADFORD E FURLONG,</b> <b>PS TIN: 91-1533257</b> <b>825 CLEVELAND AVE</b> <b>MOUNT VERNON, WA 98273</b>	2. Grantee(s)/Assignee/Beneficiary: <b>Skagit State Bank</b> <b>901 S CLEVELAND</b> <b>P O BOX 339</b> <b>MOUNT VERNON, WA 98273</b>	3. Assignee(s) of Secured Party(ies):
---	--	---------------------------------------

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

Reference Number: **P-26503**

Short Legal Description: **A PORTION OF THE SOUTH 30 FT OF BLK 1 OF RIVERSIDE ADD.**

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

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

Assessor's Tax Parcel ID#: **340419-0-159-0004**

Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

**All Furniture and 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 counter tops, cases, displays, signs, and all other miscellaneous items used in the operation of the Law Office of Bradford E Furlong, P.S., located at 825 Cleveland, Mount Vernon, WA. 98273.**

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 1/31, 2000

**BRADFORD E FURLONG**

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 assignees)

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON