

WHEN RECORDED RETURN TO:

Skagit State Bank
301 E. Fairhaven Ave
P O Box 285
Burlington, WA 98233



200106110028
Skagit County Auditor
6/11/2001 Page 1 of 1 10:28:33AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

| | | |
|---|--|---------------------------------------|
| 1. Grantor(s) (last name first, and mailing address(es)) WEYNANDS, MICHAEL G SSN: [REDACTED] WEYNANDS, JULIE C SSN: [REDACTED] 12816 E LAKE DRIVE SEDRO WOOLLEY, WA 98284 | 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: _____ Additional on page _____
Short Legal Description: N/4 of GL8 in SE 1/4 of SW 1/4, 6-34-5 ERM Additional on page _____

Assessor's Tax Parcel ID#: **P30142, P30141**
Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

1999 LIBERTY INDEPENDENCE 28 X 70 MANUFACTURED HOME (Serial Number 09L33332XU) together with all equipment, including without limitation ALL SKIRTING, AWNINGS, DECKS AND BUILT IN APPLIANCES; 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.

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 6/5, 2001

MICHAEL G. & JULIE C. WEYNANDS

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

Skagit State Bank

TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

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

COPY 1 - COUNTY AUDITOR

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON