


WHEN RECORDED RETURN TO:

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


200109060001
, Skagit County Auditor
9/6/2001 Page 1 of 1 8:49:26AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

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

BYER, KIMBERLY A SSN: [REDACTED]
14389 JURA WAY
ANACORTES, WA 98221

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: **PA-98115-S**

Short Legal Description: **a ptn of Lot 14, Gibraltar Annex**

Additional on page _____

Assessor's Tax Parcel ID#: **P73627**

Legal Description: **The Westerly 130 feet of Tract 14, "Gibraltar Annex", as per plat recorded in Volume 7 of Plats, page 9, records of Skagit County, Washington.**

Additional on page _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

One (1) 1979 Kentwood 36X24 Mobile Home S/N KW7378, Together with all tools, equipment, skirting, awnings, decks and built-in appliances.

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 _____, 20____.

KIMBERLY A. BYER

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

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

COPY 3 - FILE COPY - SECURED PARTY

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