

WHEN RECORDED RETURN TO:

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



200111090070

Skagit County Auditor

11/9/2001 Page 1 of 1 10:08:41AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) VANDERPOL HAROLD W SSN: [REDACTED] 24442 WICKER ROAD 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):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: _____ Additional on page _____
Short Legal Description: **1/4 ONLY MOBILE VILLAGE PK E 1/2 NE 1/4 S.W. 1/4**

Assessor's Tax Parcel ID#: **9004-000-037-0000**
Legal Description: _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1999 FLEETWOOD HICKORY HILL 56X24 MOBILE HOME (Serial Number ORFLW4851996HH13) together with all equipment, including without limitation TOGETHER WITH ALL SKIRTINGS, AWNINGS, ACCESSORIES 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; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

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).
8. 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____

Harold VanderPol

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