

WHEN RECORDED RETURN TO:

Skagit State Bank  
300 Ferry St  
P O Box 432  
Sedro Woolley, WA 98284



200111260016

Skagit County Auditor

11/26/2001 Page 1 of 1 10:30:10AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s) (last name first, and mailing address(es)) <b>UNDERWOOD, MERILYN J SSN:</b> [REDACTED] 24443 WICKER RD #41 SEDRO WOOLLEY, WA 98284	2. Grantee(s)/Assignee/Beneficiary: <b>Skagit State Bank</b> 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: \_\_\_\_\_ Additional on page \_\_\_\_\_  
Short Legal Description: \_\_\_\_\_

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

Assessor's Tax Parcel ID#: 50519-2-127-0041

Legal Description:

M/H Only 80 Fleetwood/Wingate 56x24 S/N ORFLAA33480667 located on  
real property P39588

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1980 FLEETWOOD WINDGATE 24X56 MOBILE HOME (Serial Number ORFL2AA33480667) TOGETHER WITH ALL SKIRTING, DECKS AWNINGS, BUILT-IN APPLIANCES AND ACCESSORIES together with all equipment, including without limitation 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).

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 Nov. 21, 20 01

**MERILYN J UNDERWOOD**

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

Marilyn J. Underwood  
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