



200202040069

Skagit County Auditor

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WHEN RECORDED RETURN TO:

Skagit State Bank

301 E Fairhaven Ave, P O Box 285

Burlington, WA 98233



200109120021

Skagit County Auditor

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re-record to correct Assessor's Tax Parcel #

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

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

HOCKENSMITH, MICHAEL T SSN:

HOCKENSMITH, KATHY A SSN:

PO BOX 517

HAMILTON, WA 98255-0517

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:

Additional on page _____

Assessor's Tax Parcel ID #: ~~350715-1-004-0700~~ 350715-1-004-0700

Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1994 LIBERTY 28X66 MANUFACTURED HOME (Serial Number 09L27531XU) together with all equipment, including without limitation TOGETHER WITH ALL DECKS, SKIRTING, AWNINGS 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).

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____.

MICHAEL T HOCKENSMITH and KATHY A HOCKENSMITH

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