

WHEN RECORDED RETURN TO:

**Skagit State Bank**

**301 E Fairhaven Ave, P O Box 285  
Burlington, WA 98233**



200203200021

**Skagit County Auditor**

**3/20/2002 Page 1 of 1 9:41AM**

**WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING**

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

**DYKSTRA, DOUWE SSN: [REDACTED]  
19111 GEAR RD  
BURLINGTON, WA 98233-5009**

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: **350421-2-001-0005 & 350421-2-005-0001  
P37002 & P37007**

Short Legal Description: **E 1/2 of NW 1/4, 21-35-4 E W.M.**

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

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

Assessor's Tax Parcel ID#: **350421-2-001-0005 (P37002) & 3504721-2-005-0001 (P37007)**

Financing Statement dated March 14, 2002.

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

**All Fixtures; 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); PROPERTY COMMONLY KNOWN AS 20253 COOK RD. BURLINGTON, WA SKAGIT COUNTY**

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\_\_\_\_.

**DOUWE DYKSTRA**

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