

WHEN RECORDED RETURN TO:

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



200205140016

Skagit County Auditor

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WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

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

JILES, RICHARD R. SSN: [REDACTED]
SKAGIT VALLEY MOBILE MANOR SSN:
91-1421358
PO BOX 1344
MOUNT VERNON, WA 98273-1344

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#: 340416-4-010-0008 & 340416-4-009-0001

Short Legal Description: NW 1/4 SE 1/4 S16,T34N,R4EW

Legal Description: _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1980 CHAMPION NEW MOON (Serial Number 11810120); 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 including but not limited to all tools, equipment, accessories, skirlings, 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 05-13-02, 2002

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