



200211050196

Skagit County Auditor

11/5/2002 Page 1 of 1 2:35PM

WHEN RECORDED RETURN TO:

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

## WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) <b>TOWNSEND, CAROLANN</b> 5483 TENNESON RD SEDRO WOOLLEY, WA 98284	2. Grantee(s)/Assignee/Beneficiary: <b>SSN: 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: NE 31-36-5  
Assessor's Tax Parcel ID#: P51196 Additional on page \_\_\_\_\_  
Legal Description: \_\_\_\_\_

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1976 FLEETWOOD 64X24 MOBILE HOME (Serial Number S2573) TOGETHER WITH ALL SKIRTING, AWNINGS, DECKS 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 11-1, 2002

CAROLANN TOWNSEND

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