

WHEN RECORDED RETURN TO:

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



200305150052
Skagit County Auditor

5/15/2003 Page 1 of 1 11:00AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) VAN PELT, GARY SSN: [REDACTED] VAN PELT CONSTRUCTION 22376 GRIP RD SEDRO WOOLLEY, WA 98284-8223	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):
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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: 180 Skyline MOB only located @ 22376 Grip Rd., Sedro Woolley,
WA 98284 Additional on page _____

Assessor's Tax Parcel ID#: **P111568**

Legal Description:

P11568

P111568

Lot 2 SP 96030 2-35-4

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

1980 SKYLINE 52X24 MANUFACTURED HOME (Serial Number 019100443N) together with all equipment, including without limitation 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 5/8/03, 20____

GARY VAN PELT

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

Gary Van Pelt

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))

Jennifer Holsbergen

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON