

WHEN RECORDED RETURN TO:

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



200307180089

Skagit County Auditor

7/18/2003 Page 1 of 1 10:44AM

### WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) <b>VAN PELT, GARY SSN: [REDACTED]</b> <b>VAN PELT CONSTRUCTION</b> <b>22376 GRIP RD</b> <b>SEDRO WOOLLEY, WA 98284-8223</b>	2. Grantee(s)/Assignee/Beneficiary: <b>Skagit State Bank</b> <b>301 E. Fairhaven Ave</b> <b>P O Box 285</b> <b>Burlington, WA 98233</b>	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: \_\_\_\_\_ Additional on page \_\_\_\_\_

Assessor's Tax Parcel ID#: **P111569**

Legal Description: **LOT 3 SHORT PLAT 96-030 RECORDED AF#9704280006; BEING A PORTION OF LOT 4 SHORT PLAT 21-8305310018**

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 7/16/03, 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 Anderson  
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON