

WHEN RECORDED RETURN TO:

Skagit State Bank
1400 Commercial Ave
P O Box 36
Anacortes, WA 98221



200307180091
Skagit County Auditor

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WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) REINSTR, NANCY A SSN: [REDACTED] 1919 12TH ST ANACORTES, WA 98221	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 1400 Commercial Ave P O Box 36 Anacortes, WA 98221	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#: 350331-0-042-0030 (P35150)
Legal Description: INCLUDING MANUFACTURED HOME 1978 CAMELOT 66X14 SERIAL NUMBER
7837 BAYVIEW MOBILE PARK SPACE NUMBER 30

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); including but not limited to:

One (1) 1978 Camel 66x14 Mobile Home (s/n 7837), together with all skirting, decks, awnings, 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 July 17, 2003

NANCY A REINSTR
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

Nancy A. Reinstr
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))

Laura L. Allen CC
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON