

WHEN RECORDED RETURN TO:

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



200401270013  
Skagit County Auditor

1/27/2004 Page 1 of 1 8:55AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) <b>PEREZ, EDNA R.</b> 24356 Wicker Rd #33 <b>SEDRO WOOLLEY, WA 98284</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: MOB only located @ Mobile Village Mobile Park #33  
\_\_\_\_\_ Additional on page \_\_\_\_\_

Assessor's Tax Parcel ID#: **350519-3-004-3300**  
Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

**1981 KOZY 56X14 MOBILE HOME (Serial Number SE3569A) together with all equipment, including without limitation; INCLUDING, BUT NOT LIMITED TO ALL AWNINGS, SKIRTINGS, 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 1/23, 2004

**EDNA PEREZ**  
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))  
  
*Edna R. Perez*  
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

**Skagit State Bank**  
TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))  
  
*Lea Kucumina*  
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))