

WHEN RECORDED RETURN TO:

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



200403260013
Skagit County Auditor

3/26/2004 Page 1 of 1 8:50AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) NELSON, DONNA M. NELSON, CARL M.	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: _____

MOBILE HOME LOCATED AT 2210 OLD 99 SOUTH #31 MT. VERNON, WA Additional on page _____
98273

Assessor's Tax Parcel ID#: 340429-0-030-0031

Legal Description: *29-34-4 Lot 31 Evergreen mobile Park*

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

1977 KIT 14X68 MOBILE HOME (Serial Number S-2360) together with all equipment, including without limitation INCLUDING, BUT NOT LIMITED TO ALL DECKS, SKIRTINGS, AWNINGS 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 _____, 20____.

Carl M Nelson
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

Donna M. Nelson
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

Skagit State Bank
TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

Debbie Spangle C/O
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))