



200408130151

Skagit County Auditor

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AFTER RECORDING MAIL TO:

First Mutual Bank
PO Box 1647
Bellevue, WA 98009-1647

UCC 2 FIXTURE FILING (County Auditor)

Indexing information required by the Auditor's/Recorder's Office		(please print last name first)
Reference # (if applicable):		
Debtor(s): (1) <u>Downing, Linda</u>	(2) <u>Downing, Michael</u>	Add.'l on pg. _____
Secured Party(ies) (Assignee): (1) <u>First Mutual Bank</u>	(2)	
Add.'l on pg. <u>1</u>	Legal Description (abbreviated): <u>43 SH Plt #92-053, Vol 12, Pg 73</u>	
Add.'l legal is on page <u>3</u>	Assessor's Property Tax Parcel/Account # <u>350412-1.013.1300/R36263</u>	

PLEASE TYPE FORM

This FIXTURE FILING is presented pursuant to the WASHINGTON UNIFORM COMMERCIAL CODE

1. DEBTOR(S) (or assignor(s)) (last name first, and address(es)) <u>Downing, Linda</u> <u>Downing, Michael</u> <u>7402 Hayes Lane</u> <u>Sedro Woolley, WA 98284</u> <u>51-113041-06</u>	2. FOR OFFICE USE ONLY
4. SECURED PARTY(IES) (or assignee(s)) (name and address) Sales Finance Department First Mutual Bank PO Box 1647 Bellevue, WA 98009-1647	3. NO. OF ADDITIONAL SHEETS ATTACHED: 5. ASSIGNEE(S) OF SECURED PARTY(IES) (if applicable) (name and address(es))

6. This FIXTURE FILING covers the following types or items of property: Windows (Description of property)

The goods are to become fixtures on... Rec# 9602070094
WY2, NEY4, Sec 12, T35N, R4E

The property is timber standing on... SEE Attachment A

- The above minerals or the like (including gas and oil) or accounts will be financed at the wellhead or minehead of the well or mine located on: (describe real estate)

This FIXTURE FILING is to be filed for record in the real estate records. If the debtor does not have an interest of record in the realty, the name of a record owner is: _____

- Products of collateral are also covered.

7. RETURN ACKNOWLEDGMENT COPY TO: First Mutual Bank Sales Finance Department First Mutual Bank Bellevue, WA 98009-1647	FILE FOR RECORD WITH COUNTY AUDITOR OF COUNTY IN WHICH REAL PROPERTY IS LOCATED. <p style="font-size: 2em; text-align: center;">SKAGIT</p>
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8. This statement is signed by the Secured Party(ies) instead of the Debtor(s) to perfect a security interest in collateral:

Complete fully if box (d) is checked:
 Complete as applicable for (a), (b), and (c):

(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 filing has lapsed, or
- (d) acquired after a change of name, identity, or corporate structure of the debtor(s).

Original recording number

Filing office where filed

Former name of debtor(s)

9. **USE IF APPLICABLE**

LINDA DOWNING and MICHAEL DOWNING

First Mutual Savings Bank

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

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

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

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

10. **TERMINATION STATEMENT:** The SECURED PARTY(IES) certify(ies) that the SECURED PARTY(IES) no longer claim(s) a security interest under the FIXTURE FILING bearing the recording number shown above.

NAME _____

DATE _____

SIGNATURE _____

Return to: County Auditor of County where original filing/recording was made.

WASHINGTON UCC 2 FIXTURE FILING
 FORM APPROVED FOR USE IN WASHINGTON STATE



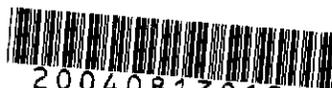
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**Attachment A
3041
Legal Description**

LOT 3 OF SKAGIT COUNTY SHORT PLAT NO. 92-053, APPROVED JANUARY 29, 1996, RECORDED FEBRUARY 7, 1996 IN VOLUME 12 OF SHORT PLATS, PAGE 73, UNDER AUDITOR'S FILE NO. 9602070094, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER AND ACROSS HAYES LANE AS DELINEATED ON THE FACE OF THE SHORT PLAT.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



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