

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200905190027

Skagit County Auditor

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A. NAME & PHONE OF CONTACT AT FILER [optional]

CSC Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

42484336

Prepared By:

CSC Diligenz, Inc.

6500 Harbour Heights Pkwy, Suite 400

Mukilteo, WA 98275

Filed In: Washington Skagit

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**1a. ORGANIZATION'S NAME**

THE MCKEE FAMILY REVOCABLE LIVING TRUST, DATED SEPTEMBER 30, 1993

OR **1b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX**1c. MAILING ADDRESS**

1211 8TH ST

CITY

ANACORTES

STATE

WA

POSTAL CODE

98221-1832

COUNTRY

USA

1d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR**1e. TYPE OF ORGANIZATION**

Trust

1f. JURISDICTION OF ORGANIZATION

WA

1g. ORGANIZATIONAL ID #, if any☒ NONE**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names****2a. ORGANIZATION'S NAME**OR **2b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX**2c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****2d. SEE INSTRUCTIONS**ADD'L INFO RE
ORGANIZATION
DEBTOR**2e. TYPE OF ORGANIZATION****2f. JURISDICTION OF ORGANIZATION****2g. ORGANIZATIONAL ID #, if any**☐ NONE**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)****3a. ORGANIZATION'S NAME**

Skagit State Bank

OR **3b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX**3c. MAILING ADDRESS**

301 E. Fairhaven Ave

CITY

Burlington

STATE

WA

POSTAL CODE

98233

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

1977 SUNRISE 70 X 14 MOBILE HOME (Serial Number 2435) together with all equipment, including without limitation together with 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)

Lot 61, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington

P591455

5. ALTERNATIVE DESIGNATION [if applicable]:		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
THE MCKEE FAMILY REVOCABLE LIVING TRUST, DATED		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

Lot 61, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington. Situate in the City of Anacortes, County of Skagit, State of Washington

16. Additional collateral description:



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15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest).

THE MCKEE FAMILY REVOCABLE LIVING TRUST, DATED SEPTEMBER 30, 1993
1211 8TH ST
ANACORTES WA 98221-1832

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective 30 years