## 20120207005*6* Skagit County Auditor

2/7/2012 Page

1 of

2 2:54PM

## **UCC FINANCING STATEMENT**

PLLOW INSTRUCTIONS (front and back NAME & PHONE OF CONTACT AT FILE RICHARD FRANCIS Anderson SEND ACKNOWLEDGMENT TO: (Name						
SEND ACKNOWLEDGMENT TO: (Nam		<b>3</b>				
	ne and Address)	-1				
	+	<del></del> i				
Richard Francis Anderso	an .	₽				
P.O. Box 547	<b>V</b>	ţ.				
Sedro-Woolley, WA 9828	BA .					
Seuro-Wooney, WA 7526						
and the second s						
Name of the second						
	<del></del>		PACE IS FOR	R FILING OFFICE U	SEONLY	
DEBTOR'S EXACT FULL LEGAL NAME	-insert only <u>one</u> debtor name (1s or 1b) -	do not abbreviate or combine names				
1a. ORGANIZATION'S NAME						
15. INDIVIDUAL'S LASTNAME		FIRST NAME	MIDDLE	IAME	SUFFIX	
Ewing		Deborah	Kav			
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
OF12 Cana Havna DD	Service Contraction of the Contr	Concrete	337 A	98237	USA	
9513 Cape Horne RD  SEEINSTRUCTIONS ADDIT INFO RE	1e. TYPE OF ORGANIZATION	If, JURISDICTION OF ORGANIZATION		NIZATIONAL ID#, if any		
ORGANIZATION DESTOR	L STATE OF S		· ·		NON	
ADDITIONAL DEBTOR'S EXACT FULI	LEGAL NAME - insert only one del	otor name (2a or 2b) - do not abbreviate or combin	ne names			
2a. ORGANIZATION'S NAME				1132	<del></del>	
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
			ľ	'	Ì	
. SEE INSTRUCTIONS ADD'L INFO RE	26. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g, ORGA	2g. ORGANIZATIONAL ID #, if any		
* <del></del>	1	Samuel Marie Control	, -			
ORGANIZATION	1				("1	
ORGANIZATION DEBTOR	<u> </u>		·		NON	
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S/P)	-insert only <u>one</u> secured party name (3a or 3b)	·		NONE	
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of Da. ORGANIZATION'S NAME	TOTAL ASSIGNEE of ASSIGNOR S/P)	insert only <u>one</u> secured party name (3a or 3b)			NON	
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S/P)	insert only one secured party name (3a or 3b)	MIDDLE	NAME	SUFFIX	
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S LAST NAME	TOTAL ASSIGNEE of ASSIGNOR S/P)	FIRST NAME				
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of Da. ORGANIZATION'S NAME	TOTAL ASSIGNEE of ASSIGNOR S/P)		Fran			
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S LAST NAME  Anderson	TOTAL ASSIGNEE of ASSIGNOR S/P)	FIRST NAME  Richard	Fran	cis		

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

6. This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 2

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCIN	G STATEME	NT ADDENDUM		1				
FOLLOW INSTRUCTION		=						
		RELATED FINANCING STA	FEMENT					
9a. ORGANIZATION'S	NAME		1					
OR 95. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME, SUFFIX					
EWING	T NAME	DEBORAH	K.					
10. MISCELLANEOUS:		222010111						
Claim Value is \$1 UNITED STATE		eight hundred fifty do	llars and no cents					
						IS FOR FILING OF	FICE USE ONLY	
11, ADDITIONAL DEBT		LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbre	viate or combine name	×s			
		and the same	<u></u>					
OR 116. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	<del></del>	MIDDLE	NAME	SUFFIX	
11c. MAILING ADDRESS	<del></del>		CITY		STATE	TPOSTAL CODE	COUNTRY	
TO MINIETING ADDRESS		$\mathcal{A}$	Court of		SINIE	POSTAL COBE	COUNTRY	
1d. SEE INSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	MIZATION	11g. OR	J GANIZATIONAL ID #.	if any	
	ORGANIZATION DEBTOR		  }-		1		NONE	
12. ADDITIONAL SI	CURED PARTY'S	ASSIGNOR S/P'S	NAME - insert only one nam	e (12a or 12b)				
12a, ORGANIZATION'S	NAME							
OR		_ <del>,</del>						
12b. INDIVIDUAL'S LA	SINAME		FIRST NAME	and the same of th	MIDDLE	NAME	SUFFIX	
12c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
			1			0000		
13. This FINANCING STAT	EMENT covers timb	er to be cut or as-extracted	16. Additional collateral descr	plion:	<u> </u>	·		
collateral, or is filed as	a 🚺 fixture filing.	L			<b>.</b>		N. 20402	
<ol><li>Description of real esta</li></ol>	te:		deed recorded Oct records of Skagit C					
Commonly know	n as 22571 Moi	ser RD Sedro-Wolley,	NO.35042-4-010-02					
WA 98284. Parce	el A: P35684 Ta	x ID	the 868 feet of that					
		in Skagit County the	Southeast Quarter					
west 150 feet of t			the Willamette Me	ridian, lying I	Northe	rly of the Mos	ier County	
North of Mosier		east Quarter lying	Road.	<u> </u>				
North, Range 4 H			ļ	74	Same and the	11 J		
		the south 30 feet of						
the southwest Qu	arter of the sou	theast of said Section		( semie II			) 	
2, as conveyed to								
See Box 16 for co	intinuation of d	escription		HIII		2020700	THAN III	
15. Name and address of a	RECORD OWNER of al	cove-described real estate		S		County Aud		
(if Debtor does not have		•	1	2/7/2012	_	- N. N.	2 2:54PM	
			<b>\</b>	£111£U1£	, age	· ~ ~ \	2.34FIVI	
			17. Check only if applicable as	nd check <u>only</u> one box				
			Debtor is a Trust or			roperty held in trust	or Decedent's Estate	
			18. Check only if applicable at	nd check <u>only</u> one box	l.			
			Debtor is a TRANSMITTING UTILITY					
			Filed in connection with a			n		
			Filed in connection with a	Public-Finance Trans	action			