

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



201202150070

Skagit County Auditor

2/15/2012 Page 1 of 3 1:27PM

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Banner Bank
Bothell Loan Service Center
P.O. Box 1589
Bothell, WA 98041

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 **GUARDIAN NORTHWEST TITLE CO**

102770-3

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S LAST NAME

Armstrong

FIRST NAME

Dane

MIDDLE NAME

A.

SUFFIX

1c. MAILING ADDRESS

P.O. Box 2233

CITY

Friday Harbor

STATE

WA

POSTAL CODE

98250

COUNTRY

USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

Individual

1f. JURISDICTION OF ORGANIZATION

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

Armstrong

FIRST NAME

Jacquelyn

MIDDLE NAME

D.

SUFFIX

2c. MAILING ADDRESS

P.O. Box 2233

CITY

Friday Harbor

STATE

WA

POSTAL CODE

98250

COUNTRY

USA

2d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

Individual

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

Banner Bank

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

802 W. Riverside Avenue

CITY

Spokane

STATE

WA

POSTAL CODE

99201

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures located at 1022 Riverside Drive, Mount Vernon, Washington 98273; 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).

Tax ID No. Parcel A: 340417-3-012-0203 (P25540), Parcel B: 340417-3-013-0102 (P25541).

Section 17, Township 36, Range 4; Ptn. SW SW.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☒ 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

72138513

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

OR

9b. INDIVIDUAL'S LAST NAME

Armstrong

FIRST NAME

Dane

MIDDLE NAME, SUFFIX

A.

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

Rickett

FIRST NAME

John

MIDDLE NAME

W.

SUFFIX

11c. MAILING ADDRESS

228 Park Street

CITY

Grangeville

STATE

ID

POSTAL CODE

83530

COUNTRY

USA

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

Individual

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☒ 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:

Exhibit A

16. Additional collateral description:



201202150070

Skagit County Auditor

2/15/2012 Page

2 of

3 1:27PM

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

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

☐ Filed in connection with a Public-Finance Transaction

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OR

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FIRST NAME

MIDDLE NAME, SUFFIX

Armstrong

Dane

A.

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OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Rickett

Nancy

J.

11c. MAILING ADDRESS

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CITY

Grangeville

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ID

POSTAL CODE

83530

COUNTRY

USA

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

Individual

11f. JURISDICTION OF ORGANIZATION

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OR

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FIRST NAME

MIDDLE NAME

SUFFIX

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2/15/2012 Page 3 of 3 1:27PM

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