

Return Address:

Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

77686964



201205150026
Skagit County Auditor

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Please print or type information. **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in) **UCC-1 FINANCING STATMENT**

Reference Number(s) of related Documents:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

DEBTORS : CHARLES SILVIO LONG JR. & DEBRA JO LONG

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

SECURED PARTY: HOMEPLUS FINANCE CORPORATION

Additional names on page _____ of document.

Trustee

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Lot 12 Hendrickson Add to Sedro Woolley

Additional legal is on page 4 of document

Assessor's Property Tax Parcel/Account Number
assigned **P79554**

Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

USR / 77686964

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Indecomm Global Services
2925 Country Drive
St. Paul MN 55177

77686964

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

OR 1b. INDIVIDUAL'S LAST NAME: **LONG JR**

FIRST NAME: **CHARLES** MIDDLE NAME: **SILVIO** SUFFIX:

1c. MAILING ADDRESS: **1011 STARLING ST** CITY: **SEDRO WOOLLEY** STATE: **WA** POSTAL CODE: **98284** COUNTRY: **USA**

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 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: **LONG**

FIRST NAME: **DEBRA** MIDDLE NAME: **JO** SUFFIX:

2c. MAILING ADDRESS: **1011 STARLING ST** CITY: **SEDRO WOOLLEY** STATE: **WA** POSTAL CODE: **98284** COUNTRY: **USA**

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: **HOMEPLUS FINANCE CORPORATION**

OR 3b. INDIVIDUAL'S LAST NAME:

FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: **600 Lairport St.** CITY: **El Segundo** STATE: **CA** POSTAL CODE: **90245** COUNTRY: **USA**

4. This FINANCING STATEMENT covers the following collateral:

Retail installment contract dated 2/18/12 in the amount of \$ **7,381.00**

furnish and install windows per the work order dated 02/03/2012 in the amount of \$7,381.00.

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

6. 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 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

Contract # **01-UCC-12-000550-WA**

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)



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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

OR

9b. INDIVIDUAL'S LAST NAME LONG JR	FIRST NAME CHARLES	MIDDLE NAME, SUFFIX SILVIO
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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 USA

11d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR

11e. TYPE OF ORGANIZATION

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

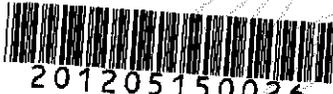
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

**1011 STARLING ST
SEDRO WOOLLEY, WA 98284**

16. Additional collateral description:

furnish and install windows per the work order dated 02/03/2012 in the amount of \$7,381.00.


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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):

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

**EXHIBIT A
1 OF 1**

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON:

LOT 12, HENDRICKSON ADDITION TO SEDRO WOOLLEY", AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGES 44, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, SITUATE IN THE COUNTY OF SKAGIT COUNTY, STATE OF WASHINGTON.

ABBREVIATED LEGAL: HENDRICKSON ADD., LT 12

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.



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