



			Skagit (County Audi	tor		\$7	72.00
UCC FINANCING STATEMENT			7/11/20	013 Page	1	of	1 8:43	MAE
FOLLOW INSTRUCTIONS		 -						
A. NAME & PHONE OF CONTACT AT FILER (optional)								
B. E-MAIL CONTACT AT FILER (optional)								
B. C-MAIC CONTINOT AT FIEER (Optional)								
C. SEND ACKNOWLEDGMENT TO: (Name and Address)								
		I						
North Coast Credit Union								
1100 Dupont Street								
Bellingham WA 98225								
		- 1 l						
		 	JE AROVE	SPACE IS FO	R FILING O	FEICE US	E ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (u	ec overt full o							Deblode
name will not fit in line 1b, leave all of item 1 blank, check here		ne Individual Debtor information i						Jebioi s
Ta. ORGANIZATION'S NAME				<u> </u>				
A STATE OF THE STA								
OR 15. INDIVIDUAL'S SURNAME	, 2000 - 100	FIRST PERSONAL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		SUFFI	ΙX
Vanderbeek	erii Saaraa saaraa sa	Keith		J	J			
1c. MAILING ADDRESS	And the second s	ÇITY		STATE	POSTAL CO	DE	COUN	ITRY
25268 Triple Creek Lane		Mount Vernon		WA	98274			
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us	se exact full n	ame do not omit modify or abb	reviete anv o	an of the Debtor	s name): if an	v part of the	Individual [Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here		he Individual Debtor information i						
2a. ORGANIZATION'S NAME								
		À						
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SI			IX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CO	DE	COUN	1TRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	GNOR SECU	RED PARTY): Provide only one S	Secured Part	y name (3a or 3b)			
3a. ORGANIZATION'S NAME		-1/2	33					
North Coast Credit Union			<u> </u>					
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	IL NAME		NAL NAME(S)	NAME(S)/INITIAL(S)		SUFFIX
		The same of the sa	\	logary cons			100(11)771/	
3c. MAILING ADDRESS		Dallingham		STATE	98225	ΣE	COUN	ITRY
1100 Dupont Street		Bellingham		WA	90225			
4. COLLATERAL: This financing statement covers the following colla			A Section					
Parcel Number: 330517-2-011-0100 (P111603	,			. All the second	Jan State			
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Lot 3, of Short Plat No. 95-008, approved June and 22, under Auditor's File No. 9707150040,								
the Northeast 1/4 and of the North 1/2 of the S								/ Z UI
the Northeast 1/4 and of the North 1/2 of the 3	iouiliw csi	. 1/4, Section 1/, 10wi	nsiith 99	ITOLUI, IXAI	ige 3 Eas		,	
TOGETHER WITH a non-exclusive easement	t for ingr	ess, egress and utilitie	s. over s	nd across I	Frinle Cri	eek Lan	e as sho	ıwn
on the face of the Short Plat.	· ioi ingi	ess, egress and dentite	, o , o ,	114 441 055		77.		
						and the same of		
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 Check only if applicable and check only one box: Collateral is he Check only if applicable and check only one box: 	no in a Trust (i	see UCC1Ad, item 17 and Instruc		being administer 6b. Check <u>only</u> f				eutativė.
ea. Onest griff it applicable and crieck griff und bux.				OD. OHOUR <u>UHIY</u> I	Shhiinanie ali	- MIGOU ALL	T OLIO DOV.	

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Manufactured-Home Transaction

Lessee/Lessor