| CC FINANCING STATEMENT DLLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) | | | 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 - 1841 | ı |
|---|--|--|---|------------|
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | 2 0 1 3 0 9 0 4 0 0 1 5 Skagit County Auditor \$72.00 9/4/2013 Page 1 of 1 10:06AM | | |
| . SEIND ACKNOWLEDSMENT TO: (Warne and Addless) | _ | | | |
| Salal Credit Union | 1 " | | | |
| PO Box 19340 Seattle, WA 98109 | 9/4/20 | JIS Fage | 1 01 1 | 10.00AM |
| Scattle, WA 96109 | | | | |
| | | | | |
| L Y Y J | | | | |
| DEBTOR'S EXACT FULL LEGAL NAME-insert only one debtor name (12 or 1b | | VE SPACE IS FO | R FILING OFFICE US | SE ONLY |
| 1a. ORGANIZATION'S NAME | | | | |
| R TIS.INDIVIDUAL'S LASTNAME | FIRST NAME | MIDDLE | NAME | IsUFFIX |
| DECOTEAU | ERNEST | M | T/IIIL | 35,121 |
| ; MAILING ADDRESS | CITY | | POSTAL CODE | COUNTRY |
| 5356 CHIEF BROWN LN | DARRINGTON 11. JURISDICTION OF ORGANIZATION | | 98241 ANIZATIONAL ID#, if any | |
| I. SEE INSTRUCTIONS ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR | III, JURISDIC HON OF ORGANIZATION | jig. Oros | 1112A (1014AL 10 #, 11 811) | Пм |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of | debtor name (2a or 2b) - do not abbreviate or c | ombine names | | |
| 2a. ORGANIZATION'S NAME | < | | | |
| R 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | MIDDLE NAME SUFFIX | |
| DECOTEAU | NANCY | ANN | ANN | |
| : MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3.356 CHIEF BROWN LN S. SEE INSTRUCTIONS ADD'L INFO RE 20. TYPE OF ORGANIZATION | DARRINGTON 2f. JURISDICTION OF ORGANIZATION | | 98241 ANIZATIONAL ID#, if any | <u> </u> |
| ORGANIZATION DEBTOR | | 1 | , | Пм |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNED of ASSIGNOR SA | P) - insert only <u>one</u> secured party name (3a or 3b | | - | |
| 3a. ORGANIZATION'S NAME | | superior en | | |
| Salal Credit Union Bb. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDOLE | MIDDLE NAME SUFFIX | |
| | | | | a OU INTOV |
| E. MAILING ADDRESS | CITY | STATE WA | 98109 | COUNTRY |
| PO Box 19340 This FINANCING STATEMENT covers the following collateral: | Seattle | A WA | 90103 | <u> </u> |
| ROOF | | | andria. Santa kanada | |
| | | And the second s | 76) | |
| APN: P109451 | | e de la companya de La companya de la co | 41 - | |
| LEGAL: SECTION 29, TOWNSHIP 33, RANGE 10, | OUARTER 02. (0.1500 ac) I | َرِيَّ OT 16 SAUR | SUIATTLE T | RIBAL |
| HOUSING SURVEY# 82-1525 AF#8312120003 VOL | SURPG97, COUNTY OF S | KAGIT, STA | TE OF WASH | NGTON |
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