



201402140041

Skagit County Auditor

\$73.00

2/14/2014 Page

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2 9:57AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Mindy Gina: Osetek, 360-739-4334, Authorized Agent | |
| B. E-MAIL CONTACT AT FILER (optional) | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Mindy Gina Osetek, Agent c/o 5884 cedar drive Bow, Washington Postal Code 98232 (non-domestic, without the United States w/o prejudice) </div> | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|--------------------------|---------------------|---|
| 1a. ORGANIZATION'S NAME Washington Mutual Bank, F A. Successor and assigna, donee, transferee, trustee, co-trustee | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 1c. MAILING ADDRESS 2273 N. Green Valley Parkway, Suite 14 | | CITY Henderson | STATE Nv | POSTAL CODE 89014 COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|------|---------------------|--------------------------------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|---|--------------------|--|---|
| 3a. ORGANIZATION'S NAME | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME Osetek | | FIRST PERSONAL NAME Mindy Gina | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 3c. MAILING ADDRESS c/o 5884 Cedar Drive | | CITY Bow | STATE Wa | POSTAL CODE 98232 COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

Security/Note/Instrument/Account No. 3061526103-080, related credit application, along with entitlement holder's affixed intellectual property, Maturity Date 4/1/2036, in the face value amount of US\$565,000.00, being a 15 page instrument dated 3/9/2006 hand delivered at situs of the county of Skagit, state of Washington, including rents, interest, derivatives, payments, credits, distributions, benefits, privileges, immunities and enhancements, all UETA transactions, none pro tunc, ab initio. Said Security not returned as requested and required; said security description and all rights reserved under including but limited to sec. 77b(a)(1), 78c(a)(10) of 15 U.S.C.A., Title 12 USC 1813(L)(1), Wa. Stat. 62A-8-102(12), (15) and (9), 62A-3-104(a), 62A-3-104(c), 62A-3-105(a)(c), 62A-3-305, 62A-3-306, FAS 125 securitization accounting, FAS 140 OFFSETTING of financial assets and liabilities, FAS 133 derivatives on hedge accounts, FAS 5 and FAS 95 statement of cash flows and trust law under exclusive equity jurisdiction;

Said Security assigned title no RE692877036US-MGSOC008 notice Skagit County Recorder's documents no. #201309180100, for special intent and purpose held in the private.

P48731 Lot 3 SP95-040

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|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Licensee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Lessor | |
| 7. ALTERNATIVE DESIGNATION (if applicable): | |
| 8. OPTIONAL FILER REFERENCE DATA: | |

Mindy Gina Osetek
c/o 5884 Cedar Drive
Bow, Washington
Postal code 98232

Quality Loan Service Corporation of Washington
Katie Jo Keeling, President
Occupant of the office of President
Successors and assigns
2141 Fifth Ave
San Diego, California
Postal code 92101

Re: 5884 Cedar Drive, Bow, Washington
Postal code 98232
TS Number WA-11-422020-SH

February 13, 2014

Notice of Claim
notice to agent is notice to principal
notice to principal is notice to agent

I, Mindy Gina Osetek, am the holder of all right, title, interest. Holding superior and prior equitable and legal interest in said property.

You are trespassing.

I shall report this taxable event to the Internal Revenue Service on a 3949A by which you shall be reported as responsible for this taxable event, in addition to proceeding in violation of my due process rights as a private citizen of the United States of America.

I require you to send to me the Master Loan Schedule. If you refuse, you are moving in contempt of my due process rights.

By Mindy Osetek
I, a beneficially interested woman

John Christensen
witness
John Christensen
witness

