

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS



Skagit County Auditor

3/29/2016 Page

1 of

\$73.00

1 10:18AM

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>KRYSTAL DETROY 360-685-4046</b>                                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>KDETROY@NORTHCOASTCU.COM</b>                                                             |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>NORTH COAST CREDIT UNION<br/>1100 DUPONT STREET<br/>BELLINGHAM, WA 98225</b> |

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                       |                                          |                                     |                                                 |                       |
| OR                                            | 1b. INDIVIDUAL'S SURNAME<br><b>REITZ</b> | FIRST PERSONAL NAME<br><b>JOANN</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>MILDRED</b> | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>10913 MARY LANE</b> | CITY<br><b>BURLINGTON</b>                | STATE<br><b>WA</b>                  | POSTAL CODE<br><b>98233</b>                     | COUNTRY<br><b>USA</b> |

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<br><b>VACCA</b> | FIRST PERSONAL NAME<br><b>CHRISTINE</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>MARIE</b> | SUFFIX                |
| 2c. MAILING ADDRESS<br><b>10913 MARY LANE</b> | CITY<br><b>BURLINGTON</b>                | STATE<br><b>WA</b>                      | POSTAL CODE<br><b>98233</b>                   | COUNTRY<br><b>USA</b> |

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<br><b>NORTH COAST CREDIT UNION</b> |                           |                     |                               |                       |
| OR                                                         | 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>1100 DUPONT STREET</b>           | CITY<br><b>BELLINGHAM</b> | STATE<br><b>WA</b>  | POSTAL CODE<br><b>98225</b>   | COUNTRY<br><b>USA</b> |

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

**PARCEL# 3942-000-014-0009 P67159****LOT 14, "LASHLEY'S PLAT, SKAGIT COUNTY, WASHINGTON, "AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 100, RECORDS OF SKAGIT COUNTY, WASHINGTON.****SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.**

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenseor

8. OPTIONAL FILER REFERENCE DATA: