



Skagit County Auditor 4/25/2016 Page

1 of 1

\$73.00 1 8:37AM

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)	4					
Diana Norberg (509) 327-963	4					
B. E-MAIL CONTACT AT FILER (phionel) dianan@upfservices.com						
C. SEND ACKNOWLEDGMENT TO: Name and Address)						
	 					
UPF Services						
12410 E. Mirabeau Parkway, Ste 100						
Spokane Valley, WA 99216	•					
Spokane valley, VVA 982 10	1					
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE O	NLY			
1. DEBTOR'S NAME: Provide only one Debtor name (12 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, cleck here and provid	de the Individual Debtor information in item 10 of the	B Financing Statement Addendum (Form	UCC1Ad)			
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
MOLINARI	JEAN	· M				
1c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY			
3501 Seneca Dr	/ Mount Vernon	WA 98273-	USA			
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full r	name do not omit, modify, or abbreviate any part of	the Debtor's name); if any part of the Ind	ividual Debtor's			
	OKE AND					
name will not fit in line 2b, leave all of item 2 blank, check here and provide	e the individual Debtor information in item 10 of the	e Financing Statement Addendum (Form				
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LEGAL: LOT 27, PARK MEADOWS, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOL. 16 OF PLATS, PGS. 82 THROUGH 84, IN SKAGIT COUNTY, WASHINGTON.

APN: P108331

5. Check only if applicable and check only one box	x: Collateral is held in a Tr	ust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a Dec	eden't Personal Répresentative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:				6b. Check only if applicable and check only one box:		
Public-Finance Transaction Mar	nufactured-Home Transaction	A Debtor is a Trasmit	ting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #3138290-31246	Loar	ı #		SBA Loan #		