



201705010067

Skagit County Auditor

\$76.00

5/1/2017 Page

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1301 72485 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skagit)

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 Fry	FIRST PERSONAL NAME Shari	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
1c. MAILING ADDRESS	24737 Briarwood Ct	CITY Mount Vernon	STATE WA	POSTAL CODE 98274-8106
				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 Fry	FIRST PERSONAL NAME Shari	ADDITIONAL NAME(S)/INITIAL(S) Lee	SUFFIX
2c. MAILING ADDRESS	24737 Briarwood Ct	CITY Mount Vernon	STATE WA	POSTAL CODE 98274-8106
				COUNTRY USA

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 Admirals Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	200 Clarendon Street, 22nd floor	CITY Boston	STATE MA	POSTAL CODE 02116
				COUNTRY USA

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

Parcel ID#P17952 30x36x10 Gable Building; Enclosed Vented Vinyl soffit 18" overhangs; (2) 10'x8' non insulated overhead doors; (1) 3'x6'8" entry door; single air cell reflective insulation kit and condensation barrier; premium trim package; gold engineering package
Collateral located at: 24737 Briarwood Ct, Mount Vernon, WA 98274-8106
A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 24737 BRIARWOOD CT, MOUNT VERNON, WA 98274-8106 CURRENTLY OWNED BY FRY SHARI L & WILLIAM E HAVING A TAX ASSESSOR NUMBER OF P17952 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS MANUFACTURED HOME ONLY 1988 FLEETWOOD BERKSHIRE 60X28 SERIAL NUMBER 0RFLH48B07719BS, LOCATED ON P17948

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

1301 72485

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

Fry

FIRST PERSONAL NAME

Shari

ADDITIONAL NAME(S)/INITIAL(S)

L

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME *or* ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut

covers as-extracted collateral

is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

PARCEL ID#P17952

SEE ATTACHMENT FOR FULL LEGAL DESCRIPTION

17. MISCELLANEOUS:

DEBTOR NAME: FRY, SHARI

A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 24737 BRIARWOOD CT, MOUNT VERNON, WA 98274-8106 CURRENTLY OWNED BY FRY SHARIL & WILLIAM E HAVING A TAX ASSESSOR NUMBER OF P17952 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS MANUFACTURED HOME ONLY 1988 FLEETWOOD BERKSHIRE 60X28 SERIAL NUMBER ORFLH48B07719BS, LOCATED ON P17948

UNOFFICIAL DOCUMENT

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