

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS



201706120028

Skagit County Auditor

\$73.00

6/12/2017 Page

1 of

1 10:02AM

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**Jaleen Bacon (360)428-1779**

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**North Coast Credit Union  
 1100 Dupont Street  
 Bellingham, WA 98225**

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  
**Kammer**

FIRST PERSONAL NAME  
**Nora**

ADDITIONAL NAME(S)/INITIAL(S)  
**Ellen**

SUFFIX

1c. MAILING ADDRESS  
**3680 Washington Street**

CITY  
**Bow**

STATE  
**WA**

POSTAL CODE  
**98232**

COUNTRY

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  
**Anthony**

FIRST PERSONAL NAME  
**Hugh**

ADDITIONAL NAME(S)/INITIAL(S)  
**Duncan**

SUFFIX

2c. MAILING ADDRESS  
**3680 Washington Street**

CITY  
**Bow**

STATE  
**WA**

POSTAL CODE  
**98232**

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  
**North Coast Credit Union**

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS  
**1100 Dupont Street**

CITY  
**Bellingham**

STATE  
**WA**

POSTAL CODE  
**98225**

COUNTRY

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

**(0.5800 ac) LOTS 2, 3 AND 4, BLOCK 1, 'BLANCHARD, SKAGIT CG., WASH,' AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 91, RECORDS OF SKAGIT COUNTY, WASHINGTON.**

Parcel Number: P71208  
XrefID: 4072-001-004-0009

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: