## 로에 하는 다른 분들으로 하는 그녀는 아들은 안을 받았다. 201901040014

01/04/2019 10:14 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Joyce Kehoe 206.298.9394 x8903	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Salal Credit Union	I
PO Box 75029	
Seattle, WA 98175-0029	
Y A	
	I

	<u> </u>	THE ABOVE	SPACE IS FO	R FILING OFFICE US	EONLY
1. DEBTOR'S EXACTFULL LEGAL NAME - inse	ert only <u>one</u> debtor name (1a or 1b	) - do not abbreviate or combine names	·		
1a. ORGANIZATION'S NAME			•		
OR 1b. INDIVIDUAL'SLASTNAME		FIRST NAME	MIDDLE NAME		SUFFIX
BENSON		RANDY	M		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1025 CRYSTAL CT		BURLINGTON	WA	98233	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. ORGANIZATION	TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	•
DEBTOR			1		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only one d	lebtor name (2a or 2b) - do not abbreviate or comb	ine names	-	
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
BENSON		MARILYNN	s		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1025 CRYSTAL CT		BURLINGTON	WA	98233	USA
2d. SEE INSTRUCTIONS   ADD'L INFO RE   2e. ORGANIZATION	TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG.	ANIZATIONAL ID #, if any	
DEBTOR			1		NONE
3. SECURED PARTY'S NAME (or NAME of TOTA	AL ASSIGNEE of ASSIGNOR S/F	P) - insert only one secured party name (3a or 3b)			
3a. ORGANIZATION'S NAME					
Salal Credit Union					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
PO Box 75029		Scattle	WA	98175-0029	

4. This FINANCING STATEMENT covers the following collateral:

CUSTOM BATHROOM REMODEL FOR (2) BATHROOMS TO INCLUDE BUT NOT LIMITED TO (1) CUSTOM COLOR ACRYLIC SHOWER PAN WITH SLIP RESIST AND NEW DRAIN IN BIANCO TRAVERTINE, (1) ACRYLIC SHOWER PAN WITH SLIP RESIST IN BISCUIT, FLOORING SUPPORTS, (2) ACRYLIC FULL HEIGHT WALL SYSTEM IN BIANCO TRAVERTINE, (4) CORNER SHELVES IN MATCHING COLOR, (2) VALVE CHANGE-OUT AND PLUMBING RE-DO, (2) MARINER SHOWER FIXTURES IN OIL RUBBED BRONZE, (1) 18" GRAB BAR (MAIN BATH) IN OIL RUBBED BRONZE AND (2) SHOWER DOORS IN TREATED RAIN GLASS AND OIL RUBBED **BRONZE** 

APN: P106883; XREFID: 4631-000-010-0009

LEGAL: LOT 10, PLAT, "PLAT OF SAHLBOM ANNEX", AS PER PALT RECORDED IN VOLUM E15 OF PLATS, PAGES 179-180, RECORDS OF SKAGIT COUNTY, WASHINGTON.

## PROPERTY ADDRESS: 1025 CRYSTAL CT, BURLINGTON, WA 98233

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	N	ON-UCC FILING
6. This FINANCING STATEMENT is to be filed   ESTATE RECORDS. Attach Addendum	for record] (or recorded) in	n the REAL lif applicable	7. Check to REQ	UËST SËARCH RËPO FEF1	ORT(S) on Debtor(s)	All Debtors	Debto	or 1 Debtor 2
9 OBTIONAL EILER REFERENCE DATA								