

401008

2019 Jan 07 PM07:42

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



201901280111

01/28/2019 03:06 PM Pages: 1 of 2 Fees: \$100.00
Skagit County Auditor

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Maxfield, Gary-Dean
c/o 22257 Willabelle Pl.
Mount Vernon, WA (98274), USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME MAXFIELD

FIRST NAME GARY

MIDDLE NAME DEAN

SUFFIX

1c. MAILING ADDRESS 417 N. ANACORTES ST.

CITY BURLINGTON

STATE WA

POSTAL CODE 98233

COUNTRY USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE OF ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME GARY DEAN MAXFIELD® TRUST

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS 22257 WILLABELLE PL.

CITY MOUNT VERNON

STATE WA

POSTAL CODE 98274

COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All of Debtors land, assets, and personal property and all of Debtors interest in said assets, land and personal property now owned, hereinafter acquired and wherever located .

And specifically The north 8 feet of Lot 16, all of lot 17, and the south 20 feet of Lot 18 Block 12 "AMMEDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASHINGTON " as per plat recorded in volume 3 of Plats, page17, records of Skagit County, Washington. And the North 9 feet of lot 15, and the south 19 feet of lot 16 Block 12 "AMMEDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASHINGTON " as per Plat recorded in Volume 3 of Plats, page17, records of Skagit County, Washington.

And the North 11 feet of lot 14, and the South 19 feet of lot 15 Block 12, "AMMEDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASHINGTON " as per Plat recorded in Volume 3 of Plats, page17, records of Skagit County, Washington.

Interested parties may contact and/or consult with Debtor and/or secured party for ascertaining in detail the contractual obligation associated with this commercial transaction.

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5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAIOLR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) (ADDITIONAL FEE) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA AS PER WRITTEN SECURITY AGREEMENT, AND INVOICE # 2312 TOTAL LIEN AMOUNT \$350,000.00 U.S. FUNDS

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Filing Number-201901078010501

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME
MAXFIELDFIRST NAME
GARYMIDDLE NAME, SUFFIX
DEAN**10. MISCELLANEOUS:**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR**11e. TYPE OF ORGANIZATION****11f. JURISDICTION OF ORGANIZATION****11g. ORGANIZATIONAL ID #, if any**☐ NONE**12. ☒ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME Maxfield

FIRST NAME Gary-Dean

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS c/o 22257 WILLABELLE PL.

CITY MOUNT VERNON

STATE WA

POSTAL CODE (98274)

COUNTRY USA

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.**14. Description of real estate:****16. Additional collateral description:****15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):****17. Check only if applicable and check only one box.**Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate**18. Check only if applicable and check only one box.**☒ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years