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## 201906190040

06/19/2019 11:51 AM Pages: 1 of 3 Fees: \$101.00 Skapit County Auditor

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141				
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 317119 - BAI	NK OF			
Lien Solutions 70209 P.O. Box 29071 Glendale, CA 91209-9071 WAW	A			
FIXTU	JRE			
File with: Skagit, WA	THE ABOVE SPA	CE IS F	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full in name will not fit in line 1b, leave all of item 1 blank, check here and provide the second of the second of the name o	name; do not omit, modify, or abbreviate any part of he Individual Debtor information in item 10 of the Fir			
1a. ORGANIZATION'S NAME Eleanor Place LLC				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23051 Military Road South	Kent	WA	98032	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full				
name will not fit in line 2b, leave all of item 2 blank, check here and provide to an organization's NAME	he Individual Debtor information in Item 10 of the Fir	nancing Sta	itement Addendum (Form UC	:C1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured Party name	ne (3a or 3i	)	
3a. ORGANIZATION'S NAME				
Bank of America OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	Toursey
J. INDIVIDUAL S SCHAMIC	FINOT PERSONAL NAME	ADDITIO	MAC NAME(S)/NITIAE(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
440 Knox Abbott Drive, SC3-210-05-01	Cayce	sc	29033	USA
4. COLLATERAL: This financing statement covers the following collateral: All inventory now owned or hereafter acquired by the Debtor. All an intangibles now owned or hereafter acquired by the Debtor. All megatiable and non-negotiable contracts of insurance now owned or hereafter acquired by the Debtor ow owned or hereafter acquired by the Debtor ow owned or hereafter acquired by the Debtor of any of the above trademarks, trade names, trade styles, copy rights, patents, applicarights in processes for technical manufacturing, packaging and labe owned or hereafter acquired by the Debtor pertaining to any of the and any computer hardware or software necessary to process such	eachinery, furniture, fixtures and other eque documents of title now owned or hereal otor covering any of the above-described e-described properties. All trade secrets, ations for any of the foregoing, customer leling now owned or hereafter acquired by above-described property, including but it	uipment of fter acquipropertion computer lists, draw the Deb	of every type now owner uired by the Debtor. All es. All cash and non-co er software, service ma wings, instructional man otor. All books and reco	ed or rights under ash proceeds rks, nuals, and ords now
P124760 Lot 8 REO Family Properties	<b>)</b>			
- Tropersies				
	· · · · · · · · · · · · · · · · · · ·		red by a Decedent's Persona	
6a. Check only if applicable and check only one box:			if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction  7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitting Utility  Consignee/Consignor  Seller/Buyer		tural Lien Non-UCC	Filing ee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 70209534				

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 Eleanor Place LLC						
OR 9b, INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME	-					
ADDITIONAL NAME(SYINITIAL(S)	THE ABOVE	SPACE	IS FOR FILING OFFI	CE LISE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D						
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai 10a. ORGANIZATION'S NAME	ling address in line 10c	<del></del>				
OR 10b. INDIVIDUAL'S SURNAME		•				
INDIVIDUAL'S FIRST PERSONAL NAME					<del></del>	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX	
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	R SECURED PARTY'S NA	ME: Provide only	one nam	e (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 STATE!		xtracted	collateral X 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:					<u> </u>	
	P124760					
	Legal description: The real property encumbered by					
	the Deed of Trust, and on which the personal property described herein is located (other than as described hereinabove), is located at 320, 400, 510 and 530 Eleanor Lane, MT. Vernon, WA 98278 [See Exhibit for Real Estate]					
17. MISCELLANEOUS: 70209534-WA-57 317119 - BANK OF AMERICA AUTO Bank of AMERICA AUTO	f America	File with: Skagit, WA	-			

**Debtor:** Eleanor Place LLC

Exhibit for Real Estate

16. Description of real estate: Continued

fixture