201909230039

09/23/2019 09:13 AM Pages: 1 of 2 Fees: \$104.50 Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Stephenie Brown 800-258-3115 x:5225 B. E-MAIL CONTACT AT FILER (optional) LoanSupportServices@TwinStarCU.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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	TwinStar Credit Union	1 1			
ı	PO Box 718				
l	Olympia, WA 98507				
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<u> </u>	PEDTODIO MANGELLA CONTRACTORIO DE CONTRACTORIO			R FILING OFFICE USE	
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1-blank, check here and pro	tt, full name; do not omit, modify, or abbreviate a ovide the Individual Debtor information in item 1			
	1a. ORGANIZATION'S NAME	The tree matrices poster members members			
Ì	Id. ORGANIZATION S NAIME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO:	ADDITIONAL NAME(S)/INITIAL(S)	
	Buszta	Kevin			SUFFIX
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3611 W 10th St		Anacortes		98221	USA
			WA		
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac name will not fit in line 2b, leave all of item 2 blank, check here and pro	t, full name; do not omit, modify, or abbreviate a ovide the Individual Debtor information in item 1			
	2a. ORGANIZATION'S NAME	State the marriadal bedter information in term i		atement Addendant (1 onti or	
	ZZ. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	28. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INTIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2C. MAILING ADDRESS		CITT	STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a, ORGANIZATION'S NAME	SECURED PARTY): Provide only one Secured	Party name (3a or 3b)	
	TwinStar Credit Union				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	Telleriy
	30. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2-	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO Box 718		Olympia	WA	98507	USA
_		Olympia	WA	90307	USA
	COLLATERAL: This financing statement covers the following collateral:		****	**	
	ndgar is to install a Trane XR13 Single Stage A/C		HIUUUN) and a	i Nest with wireles	s sensor
tn	ermostat for upstairs per invoice signed 08/15/20	19.			
D۰	rcel Number: 3809-120-011-0000				
га	11 CC1 14UHLDCF; 30U7-12U-U11-UUUU				
				~	

(0.1722 ac) LOT 2, WEST 10TH STREET BOUNDARY LINE ADJUSTMENT #2, APPROVED ON JULY 27, 2016, RECORDED ON MARCH 10, 2017, UNDER AUDITORS FILE NO. 201703100069, A RE-RECORD OF THAT INSTRUMENT RECORDED UNDER AUDITORS FILE NO. 201607290121, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF BLOCK 1120 AND BLOCK 1121, NORTHERN PACIFIC ADDITION TO ANACORTES, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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: 6b. Check only if applicable and check only one box:						
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing					
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA:						

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 9b. INDIVIDUAL'S SURNAME Buszta FIRST PERSONAL NAME Kevin ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 1a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS 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 16. Description of real estate: Buszta, Kevin Parcel Number: 3809-120-011-0000 3611 W 10th St (0.1722 ac) LOT 2, W. 10TH ST BOUNDARY LINE ADJ #2, Anacortes, WA 98221 APPROVED ON 07/27/16 RECORDED ON 03/10/17, UNDER AUDITORS FILE NO. 201703100069, A RE-RECORD OF THAT INSTRUMENT RECORDED UNDER AUDITORS FILE NO. 201607290121, RECORDS OF SKAGIT COUNTY, WA, BEING A PORTION OF BLOCK 1120 & BLOCK 1121, NORTHERN

PACIFIC ADDITION TO ANACORTES, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PG 9, RECORDS OF

SKAGIT COUNTY, WASHINGTON

17. MISCELLANEOUS: