

201909270039

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Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Ed Zavala (360) 395-4078
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) North Coast Credit Union 1100 Dupont St 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 Najar Rangel	FIRST PERSONAL NAME Juan	ADDITIONAL NAME(S)/INITIAL(S) Pablo	SUFFIX	
1c. MAILING ADDRESS 17944 State Route 536	CITY Mount Vernon	STATE WA	POSTAL CODE 98273	COUNTRY USA

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 Vasquez Garcia	FIRST PERSONAL NAME Maria	ADDITIONAL NAME(S)/INITIAL(S) Rosa	SUFFIX	
2c. MAILING ADDRESS 17944 State Route 536	CITY Mount Vernon	STATE WA	POSTAL CODE 98273	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only <u>one</u> 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 St	CITY Bellingham	STATE WA	POSTAL CODE 98225	COUNTRY USA

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

**CERTAIN HOME IMPROVEMENTS FOR WINDOWS, ROOF, SIDING.
INCLUDING BUT NOT LIMITED TO HOME DEPOT INVOICE NO. H8561-95636.**

PARCEL #P22533. 17944 STATE ROUTE 536 MOUNT VERNON, WA 98273

(0.1600 ac) THAT PORTION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 34, RANGE 3 EAST, W.M. DESCRIBED AS FOLLOWS; FROM THE INTERSECTION OF THE EAST LINE OF SAID SECTION 24 AND THE SOUTHERLY RIGHT OF WAY LINE OF MEMORIAL HIGHWAY, RUN NORTHWESTERLY ALONG SAID RIGHT OF WAY LINE, 391.40 FEET; THENCE SOUTH PARALLEL TO THE SECTION LINE, 91.15 FEET TO THE TRUE POINT OF BEGINNING; THENCE FROM THIS TRUE POINT OF BEGINNING, CONTINUE LAST MENTIONED COURSE, 84 FEET; THENCE AT RIGHT ANGLES WEST, 86 FEET; THENCE AT RIGHT ANGLES NORTH, 84 FEET; THENCE AT RIGHT ANGLES EAST, 86 FEET TO THE TRUE POINT OF BEGINNING.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility
<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
6b. Check <u>only</u> if applicable and check <u>only</u> one box:
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: