

**201909270039**09/27/2019 10:23 AM Pages: 1 of 1 Fees: \$103.50  
Skagit County Auditor**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Ed Zavala (360) 395-4078</b>
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>North Coast Credit Union</b> <b>1100 Dupont St</b> <b>Bellingham, WA 98225</b></div>

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 <b>Najar Rangel</b>	FIRST PERSONAL NAME <b>Juan</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Pablo</b>	SUFFIX	
1c. MAILING ADDRESS <b>17944 State Route 536</b>	CITY <b>Mount Vernon</b>	STATE <b>WA</b>	POSTAL CODE <b>98273</b>	COUNTRY <b>USA</b>

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

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>North Coast Credit Union</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>1100 Dupont St</b>	CITY <b>Bellingham</b>	STATE <b>WA</b>	POSTAL CODE <b>98225</b>	COUNTRY <b>USA</b>

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 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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: