201912020166

12/02/2019 02:50 PM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
1736 85412 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Fil	ed In: Washington (Skagit)		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e		DVE SPACE IS FOR FILING OFFICE ny part of the Debtor's name); if any part of	
name will not fit in line 1b, leave all of item 1 blank, check here and	provide the Individual Debtor information in item 1		
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S SURNAME Jeter	FIRST PERSONAL NAME Russell	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
1c. MAILING ADDRESS 6010 Campbell lake road	Anacortes	STATE POSTAL CODE WA 98221	COUNTRY
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e: name will not fit in line 2b, leave all of item 2 blank, check here and 	cact, full name; do not omit, modify, or abbreviate a		
2a. ORGANIZATION'S NAME	provide the individual Debtor information in item is	of the Financing Statement Addendum (r	omi occina)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	OR SECURED PARTY): Provide only one Secured	Party name (3a or 3b)	
3a. ORGANIZATION'S NAME Verity Credit Union			
DR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
ac. MAILING ADDRESS 11027 Meridian Ave N	CITY Seattle	STATE POSTAL CODE WA 98133	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral Description: Verity Credit Union is providing a solar panel installation project on their personal will be performing the service. Parcel Number: 34020700030200	Il residence, description provide	d below. A licensed and in	sured contract
Abbreviated Legal Description:Lot 4 Of Skagit A Portion Of Tract 1 Of S/P 62- 81, Located In Government Lot 3.	County Snort Plat P102-0519, R	ecoraea Unaer Af# 200308	0050221, Bein
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in	a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's factor of the being administered by a Decedent of the being administered by a De	
A Check only if applicable and check only one boy:		1 00. Oncor only if applicable allu cilec	
Sa. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	ction A Debtor is a Transmitting Utility	Agricultural Lien No	n-UCC Filing