

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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)	
1800 42807 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skagit)

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 Guadamuz		FIRST PERSONAL NAME Denise	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 1629 Old Hwy 99 N Rd		CITY Bellingham	STATE WA	POSTAL CODE 98229	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 Guadamuz		FIRST PERSONAL NAME Edward	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1629 Old Hwy 99 N Rd		CITY Bellingham	STATE WA	POSTAL CODE 98229	COUNTRY USA

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 1st Security Bank of Washington					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000		CITY Lynnwood	STATE WA	POSTAL CODE 98046	COUNTRY USA

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

APN: P118109

TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 2003 OAKWOOD 56X27 SERIAL NUMBER G00R23N27145AB LOT 6 OF A SURVEY RECORDED UNDER AUDITOR'S FILE NUMBER 200207240001 ALSO KNOWN AS THAT PORTION OF LOTS 4, 5, AND 6 PLAT OF ALGER LYING EASTERLY OF THE FOLLOWING DESCRIBED LINE COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF SAID LOT 6 AND THE NORTHEASTERLY RIGHT-OF-WAY LINE OF OLD HIGHWAY 99 AS SHOWN PER SURVEY FILED IN VOLUME 19 OF SURVEYS AT PAGE 190, UNDER

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			6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing		
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: :5151618580 GUADAMUZ					

1800 42807

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

OR

9b. INDIVIDUAL'S SURNAME

Guadamuz

FIRST PERSONAL NAME

Denise

ADDITIONAL NAME(S)/INITIAL(S)

D

SUFFIX

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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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

SKAGIT

COUNTY AUDITOR'S FILE NUMBER 9710150048 THENCE SOUTH 35DEG55'58" EAST ALONG SAID RIGHT-OF-WAY A DISTANCE OF

34.80 FEET THENCE NORTH 89DEG04'51" EAST PARALLEL WITH THE NORTH LINE OF SAID LOT

6, A DISTANCE OF 195.62 FEET; THENCE SOUTH 36DEG40'43" EAST, A DISTANCE OF 80.64 FEET; THENCE

SOUTH 22DEG49'40" EAST, A DISTANCE OF 163.00 FEET TO THE SOUTH LINE OF THE PROPERTY SHOWN ON

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 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

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OR

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INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

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OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

SAID SURVEY; THENCE NORTH 88DEG54'18" EAST ALONG SAID SOUTH LINE, A DISTANCE OF 185.64 FEET TO THE POINT OF BEGINNING OF THIS LINE DESCRIPTION; THENCE NORTH 35DEG55'59" WEST, A DISTANCE OF 298.65 FEET TO THE NORTH LINE OF SAID LOT 6 AND TERMINUS OF THIS LINE DESCRIPTION AKA (NEW LOT 6, PLAT OF ALGER). Skagit County, Washington.

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