202005180117

05/18/2020 11:18 AM Pages: 1 of 2 Fees: \$104.50

Skagit County Auditor, WA

C FINANCING STATEMENT LOW INSTRUCTIONS VAME & PHONE OF CONTACT AT FILER (optional) DY Wirsch (509) 327-963 E-MAIL CONTACT AT FILER (optional) DY WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	4				
LOW INSTRUCTIONS IAME & PHONE CF CONTACT AT FILER (optional) DY WIRSCH (509) 327-963 E-MAIL CONTACT AT FILER (optional) DY .WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions	4				
LOW INSTRUCTIONS IAME & PHONE CF CONTACT AT FILER (optional) DY WIRSCH (509) 327-963 E-MAIL CONTACT AT FILER (optional) DY .WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions	4				
NAME & PHONE OF CONTACT AT FILER (optional) DY WIRSCH (509) 327-963 E-MAIL CONTACT AT FILER (optional) DY .WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions	4				
E-MAIL CONTACT AT FILER (optional) DY .WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Nome and Address)					
y.wirsch@covius.com SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions					
124 IU E. Milabeau Paikway, Ste 100					
Spokane Valley, WA 99216		}			
		THE ABOVE SP	ACE IS FOR	FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full r					
name will not fit in line 1b, leave all of item 1 b'ank, check here and prove 1a. ORGANIZATION'S NAME	de the Individual Debi	lor information in item 10 of	the Financing S	Statement Addendum (Form: L	JCC1Ad)
18. UNGANIZATION STAME					
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ONAL NAME(S)/INITIAL(S)	SUFFIX
Zier Mailing adoress	Brent		LEE	POSTAL CODE	COUNTRY
304 E Ave	Anacorte	es	WA	98221-	USA
26. NDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIC	ISJJAITINN(S)3MAN JANC	SUFFIX
MAILING ADDRESS	сту		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGN	OR SECURED PART	Y): Provide only one secu	ed party name	(3a or 3b)	
38. ORGANIZATION'S NAME Puget Sound Cooperative Credit Unio	n				
36 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	ONAL NAME(S)/IN:TIAL(S)	SUFFIX
MAILING ADDRESS	CITY		CTATE	POSTAL CODE	COUNTRY
00 108th Ave NE Suite #1035	Bellevue			98004	USA
COLLATERAL: This financing statement covers the following collateral					
Paikin Heat Pump-Outdoor Unit, Daikin Heat Pur cquired fixtures pertaining to energy efficiency to 8221 as documented on subsequent loan disbu	upgrades at t	he property locate			
EGAL: LOT 35, ISLAND VIEW PARK, ACCOR LATS, PAGE 38, IN SKAGIT COUNTY, WASH	INGTON.	IE PLAT THERE	OF RECO	ORDED IN VOLUI	ME 7 OF
EE ATTACHED EXHIBIT A FOR A FULL LEGA	AL DESCRIP	TION			
PN P57564					
*host code if anaboshie and chast only one how Collegest in The code	Frank form MARA A A	lam 47 and facts attend	haina admini	stered by a December Brosse	al Pagesses
	Trust (see UCC1Ad r	tem 17 and Instructions)		stered by a Deceden't Person	
Check only if applicable and check only one box. Collateral is held in a Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home Transaction			6b. Check <u>only</u>	if applicable and check only	

EXHIBIT A

SPECIAL EXCEPTIONS

1. Covenants, conditions, restrictions, recitals, reservations, easements, easement provisions, dedications, building setback lines, notes, statements, and other matters, if any, but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marttal status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth on ISLAND VIEW PARK:

Recording No: 518099

2. Covenants, conditions and restrictions but omitting any covenants or restrictions, if any, including but not limited to those besed upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, source of income, gender, gender identity, gender expression, medical condition or genetic information, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth in the document

Recording No.: 518307

- 3. Assessments, if any, levied by City of Anacortes.
- 4. City, county or local improvement district assessments, if any.

General and special taxes and charges, payable February 15; definquent if first half unpaid on May 1 or if second half unpaid on November 1 of the tax year.