

202005220131

05/22/2020 01:55 PM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor, WA



202005260078

05/26/2020 11:16 AM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor

LAND TITLE AND ESCROW
01-177966-OE

RE=RECORD TO CORRECT PRIORITY POSITION

Document Title:

UCC Financing Statement

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. Peoples Bank

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Dyberg, Michael

2. Dyberg, Connie

Abbreviated legal description:

☐ full legal on page(s) ____.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px;"> PEOPLES BANK Loan Services Department PO Box 233 LYNDEN, WA 98264 </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 Dyberg	FIRST PERSONAL NAME Michael	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX
1c. MAILING ADDRESS 10079 Samish Island Rd	CITY Bow	STATE WA	POSTAL CODE 98232	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 Dyberg	FIRST PERSONAL NAME Connie	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
2c. MAILING ADDRESS 10079 Samish Island Rd	CITY Bow	STATE WA	POSTAL CODE 98232	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 PEOPLES BANK				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 822 S. Burlington Blvd	CITY Burlington	STATE WA	POSTAL CODE 98233	COUNTRY USA

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

All equipment, fixtures, buildings, improvements and other articles of personal property now or hereafter owned by Grantor, and now or hereafter attached or affixed to the real property identified below; together with all Accounts; Chattel Paper; Deposit Accounts; Documents; Equipment; Fixtures; General Intangibles; Goods, and all accessions thereto and goods with which the goods are commingled; Instruments; Inventory; Investment Property; Payment Intangibles; Promissory Notes, and including, but in no way limited to all proceeds resulting from any exercise of the Port of Skagit County's right to purchase the Residual Lease Life and Tenant Improvements under that certain lease between the Port of Skagit County and Grantor, which lease is dated August 1, 2019.

Together with, all materials, supplies and other goods (collectively referred to as "materials") now owned or hereafter acquired whether in the possession of Grantor, warehouseman, bailee or any other person intended for use in the construction or furnishing of improvements on the real property identified below, together with any documents covering such materials. Together with all permits, licenses and franchises with respect to the real property identified below.

Together with all site plans, plats, architectural plans, specifications, work drawings, surveys, engineering reports, test borings, market surveys and other work, products relating to the development of the real property identified below.

(Continued on attached Financing Statement Addendum)

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/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

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

Dyberg

FIRST PERSONAL NAME

Michael

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

Dyberg Aviation

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c. MAILING ADDRESS

10079 Samish Island Rd

CITY

Bow

STATE

WA

POSTAL CODE

98232

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

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

Together with all present and future contracts and policies of insurance which insure any building, structures or improvements on the real property identified below, or any fixtures or personal property, against casualties and theft, and all monies and proceeds and rights thereto which may be or become payable by virtue of any such insurance contracts or policies.

PROPERTY ADDRESS: 15283 Crosswind Drive, Burlington WA 98233

ASSESSOR'S TAX PARCEL ID#: 8036-000-006-0000 P118872

ABBREVIATED LEGAL: Lot 6, Ptn Lot 7 & taxilane between said Lots, "SKAGIT REGIONAL AIRPORT BSP, PH II, DIV. 1,

whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

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):

Michael M Dyberg
10079 Samish Island Rd
Bow, WA 98232

Connie L Dyberg
10079 Samish Island Rd
Bow, WA 98232

16. Description of real estate:

A portion of Lot 7, all of Lot 6 and all of that taxilane between Lots 7 and 6, "SKAGIT REGIONAL AIRPORT BINDING SITE PLAN, PHASE II, DIVISION 1," as per Binding Site Plan with final approval January 22, 2002 and recorded January 22, 2002, under Skagit County Auditor's File No. 200201220163, records of Skagit County, Washington, that portion of Lot 7 is further described as follows:

A portion of said Lot 7 lying East of a line 225.00 feet East and distant of the West line of Lot 7 of which the West line of Lot 7 bears South 32°21'58" East per plat thereof.

Situate in the County of Skagit, State of Washington.

17. MISCELLANEOUS: