

202008250031

08/25/2020 10:23 AM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Pinnacle 877-249-5119 Fax: 480-718-9545 |
| B. E-MAIL CONTACT AT FILER (optional) corporate@pinnaclefinance.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Pinnacle Finance 9915 E. Bell Rd. Suite 120 Scottsdale, AZ 85260 </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 Krutsinger | FIRST PERSONAL NAME Phillip | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 8554 Copper Ln. | CITY Sedro Valley | STATE WA | POSTAL CODE 98284 | COUNTRY |

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 Krutsinger | FIRST PERSONAL NAME Sandra | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS 8554 Copper Ln. | CITY Sedro Valley | STATE WA | POSTAL CODE 98284 | COUNTRY |

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 Pinnacle Finance | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 9915 E. Bell Rd., Suite 120 | CITY Scottsdale | STATE AZ | POSTAL CODE 85260 | COUNTRY |

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

Life Safety System installed by Home Safety Research

Legal Description: THAT PORTION OF THE EAST 429 FEET OF THE WEST 660 FEET OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF THE ABOVE DESCRIBED TRACT: THENCE EAST A LONG THE NORTH BOUNDARY OF SAID TRACT, 215 FEET; THENCE SOUTH ON A LINE PARALLEL WITH THE WEST LINE OF THE ABOVE DESCRIBED TRACT, A DISTANCE OF 200 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE SOUTH ALONG SAID PARALLEL LINE, A DISTANCE OF 158 FEET; THENCE SOUTHWESTERLY IN A STRAIGHT LINE TO A POINT ON THE WEST LINE OF THE EAST 429 FEET ON THE WEST 660 FEET OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14, THAT IS 531 FEET SOUTH OF THE NORTHWEST CORNER THEREOF;

| | |
|---|--|
| 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: 1-21996-1 | |

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
Krutsinger

FIRST PERSONAL NAME
Phillip

ADDITIONAL NAME(S)/INITIAL(S) _____ 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
Krutsinger

INDIVIDUAL'S FIRST PERSONAL NAME
Sandra

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 _____ CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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:
see attached Exhibit A

17. MISCELLANEOUS:

Exhibit A

Legal Description:

UNOFFICIAL DOCUMENT

THAT PORTION OF THE EAST 429 FEET OF THE WEST 660 FEET OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF THE ABOVE DESCRIBED TRACT: THENCE EAST A LONG THE NORTH BOUNDARY OF SAID TRACT, 215 FEET; THENCE SOUTH ON A LINE PARALLEL WITH THE WEST LINE OF THE ABOVE DESCRIBED TRACT, A DISTANCE OF 200 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE SOUTH ALONG SAID PARALLEL LINE, A DISTANCE OF 158 FEET; THENCE SOUTHWESTERLY IN A STRAIGHT LINE TO A POINT ON THE WEST LINE OF THE EAST 429 FEET ON THE WEST 660 FEET OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 14, THAT IS 531 FEET SOUTH OF THE NORTHWEST CORNER THEREOF;

County: SKAGIT, WA
Census Tract / Block: 9515.00 / 1
Township-Range-Sect: 35-4E-14
Legal Book/Page:
Legal Lot:

APN: P38543
Alternate APN: 35041400100007
Subdivision: SEDRO WEST
Map Reference: 35N-04E-14-SW / 04E-35N-14-SW
Tract #: