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07/15/2021 09:24 AM Pages: 1 of 2 Fees: \$104.50
Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Funding Group 206.298.9394 ext 8903 |
| B. E-MAIL CONTACT AT FILER (optional) DLConsumerLoans@salalcu.org |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Recording requested by and return to: Salal Credit Union PO BOX 75029 Seattle, WA 98175-0029 |

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 Boyd | FIRST PERSONAL NAME Aaron | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 1407 State Route 9 | CITY Sedro Woolley | STATE WA | POSTAL CODE 98284-7618 | 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 Boyd | FIRST PERSONAL NAME Nycole | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 1407 State Route 9 | CITY Sedor Woolley | STATE WA | POSTAL CODE 98284-7618 | 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 Salal Credit Union | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS PO Box 75029 | CITY Seattle | STATE WA | POSTAL CODE 98175-0029 | COUNTRY |

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

Windows
2 62 x 50, 1 6 x 6'6", 5 x 40, 1 62 x 40 Olympic Series Windows as per Harley Exteriors

P 50921
Lot C SP 24-76 07/36/05

FIXTURE FILING

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box

7. ALTERNATIVE DESIGNATION (if applicable). Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

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 Boyd |
| FIRST PERSONAL NAME Aaron |
| 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 |
| 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 |
| 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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Aaron D Boyd Nycole A Boyd
Revocable Living Trust
Dated: October 11, 2019

Aaron D Boyd, Trustee
Nycole A Boyd, Trustee

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

Parcel Number: P50921
Legal Description: Lot C of Short Plat 24-76, approved June 18, 1976 and recorded in Volume 1 of Short Plats, Pages 139 and 140, under Auditor's File No. 837276; being a portion of the Northeast quarter of the Southeast quarter of the Northwest quarter of Section 7, Township 36 North, Range 5 East, W.M. Situate in Skagit County, Washington.

Skagit
1407 State Route 9, Sedro Woolley, WA 98284-7618

17. MISCELLANEOUS: