202301240002

01/24/2023 08:35 AM Pages: 1 of 5 Fees: \$207.50

Bailee/Bailor

Seller/Buyer

Licensee/Licensor

2482 44641

Skagit County Auditor, WA

UCC FINANCING STATEMENT

FUL	LOW INSTRUCTIONS					
	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
ſ	2482 44641 CSC	7				
l	801 Adlai Stevenson Drive					
١.	Springfield, IL 62703 Filed In	n: Washington				
	_	(Skagit)	A DOVE OD	A OF 10 FO	D FILING OFFICE HOL	- ONLY
1 Г	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, 1				R FILING OFFICE US	
		ide the Individual Debtor information in it				
	1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	PEDERSTUEN	SCOTT		ADDITIO	IVAL IVANIL(O)/INTTIAL(O)	30111X
1c.	MAILING ADDRESS 58879 State Route 20	CITY		STATE	POSTAL CODE	COUNTRY
		ROCKPORT		WA	98283	USA
2. [DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, f	full name; do not omit, modify, or abbrev	ate any part o	of the Debtor	's name); if any part of the	Individual Debtor's
r		ide the Individual Debtor information in it	em 10 of the	Financing St	atement Addendum (Form	UCC1Ad)
	2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	PEDERSTUEN	MARINA				
2c.	MAILING ADDRESS 58879 State Route 20	CITY		STATE	POSTAL CODE	COUNTRY
		ROCKPORT		WA	98283	USA
3. 8	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE		ured Party na	me (3a or 3b)	
	3a. ORGANIZATION'S NAME 1st Security Bank of Washing	yton				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
					, , , ,	
3c.	MAILING ADDRESS P. O. Box 97000	CITY		STATE	POSTAL CODE	COUNTRY
		Lynnwood		WA	98046	USA
₽6	COLLATERAL: This financing statement covers the following collateral:					
ΑF	PN: 351014-0-016-0003 (p45339)					
	CALL THAT PORTION OF COVERNMENT LOT	O (COUTUEACT OLIAD)			DTUE ACT OUA	DTED)
	GAL: THAT PORTION OF GOVERNMENT LOT ECTION 14, TOWNSHIP 35 NORTH, RANGE 10					KIEK)
	OUTHEASTERLY OF THE SEATTLE CITY LIGH					I IN
	AGIT COUNTY SUPERIOR COURT CAUSE NO					
	ESCRIBED LINE "A", TO WIT: BEGINNING AT T					
	IENCE NORTH 89 46'56" EAST ALONG THE SC	OUTH LINE OF THE SOL	JTHEAS	T QUAF	RTER OF SECTI	ON 14, A
	STANCE OF 2,023.45 FEET; IENCE NORTH 0 13'04" WEST (PERPENDICUL	AP TO SAID SOLITH LIN	IE) A DI	ISTANC	E OE 3 475 01 E	EET TO AN
11	IENCE NORTH 0 13 04 WEST (PERPENDICUL	AK 10 SAID SOUTH ON	i⊏), A Di	STAINC	E OF 3,475.91 F	EET TO AN
		ust (see UCC1Ad, item 17 and Instructio			red by a Decedent's Perso	
6a.	Check only if applicable and check only one box:				if applicable and check onl	
	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Uti	ity	Agricul	tural Lien Non-UC	CC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA: :5152381100 PEDERSTUEN (DEBTOR)

UCC FINANCING STATEMENT ADDEN FOLLOW INSTRUCTIONS	DUM			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank]		
9a. ORGANIZATION'S NAME		1		
9b. INDIVIDUAL'S SURNAME PEDERSTUEN		1		
FIRST PERSONAL NAME		1		
SCOTT ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
) (S) (16) (E) (ME(G), (M) (E(G)		THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb do not omit, modify, or abbreviate any part of the Debtor's name) and 10a. ORGANIZATION'S NAME		n line 1b or 2b of the Financi	ng Statement (Form UCC1) (L	ise exact, full name
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Oc. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	S NAME: Provide only <u>or</u>	ne name (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S	SUFFIX
1c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): IRON PIPE WHICH IS LOCATED IN THE AP R.R. GRADE, SAID POINT BEING THE TRU EAST ALONG THE SOUTHWESTERLY SIDI OR LESS, TO THE EASTERLY LINE OF GO FOR INFORMATION ONLY SECTION 14, TO TOGETHER WITH A MULTIWIDE MANUFAC	E POINT OF BEGINNING E OF AN EXISTING ACCI VERNMENT LOT 2 AND DWNSHIP 35 NORTH, RA	FOR UNE "AM; ESS ROAD, A DIS THE TERMINAL F NGE 10 EAST; P	THENCE SOUTH (STANCE OF 335 F POINT OF LINE "A TN. GOVT LOT 2	50 40'18" EET, MORE ";
 This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 	rded) in the 14. This FINANCING STATE		ted collateral is filed a	s a fixture filing
5. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	item 16 16. Description of real estat THAT PORTION QUARTER OF THE TOWNSHIP 35 N MERIDIAN, LYIN LIGHT RIGHT OF SKAGIT COUNTY LYING SOUTHW LINE "A", TO WIT	OF GOVERNMEN HE NORTHEAST ORTH, RANGE 1 G SOUTHEASTE WAY, AS ACQU Y SUPERIOR COL ESTERLY OF TH	NT LOT 2 (SOUTH QUARTER) SECT 0 EAST OF THE VERLY OF THE SEAT OF THE SEAT OF THE VERLY OF THE SEAT OF THE SOUTH QUARTER SOUTH QU	EAST ION 14, VILLAMETTE TTLE CITY MNATION IN 0510 AND ESCRIBED ARTER
17. MISCELLANEOUS: FIXTURE FILING	l .			

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 9b. INDIVIDUAL'S SURNAME **PEDERSTUEN** FIRST PERSONAL NAME SCOTT ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY STATE POSTAL CODE CITY 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 POSTAL CODE STATE COUNTRY CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): is part of the Real Property and which, by intention of the parties, shall constitute a part of the realty and shall pass with Year/Make: 1980/CANDLEWOOD L X W: 70X28 VIN #: 16320 A.P.N. 351014-0-016-0003 (P45339) 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 16. Description of real estate (if Debtor does not have a record interest): EAST ALONG THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SECTION 14, A DISTANCE OF 2,023.45 FEET; THENCE NORTH 0 13'04" WEST (PERPENDICULAR TO SAID SOUTH UNE), A DISTANCE OF 3,475.91 FEET TO AN IRON PIPE WHICH IS LOCATED IN THE APPROXIMATE CENTER OF THE ABANDONED SEATTLE CITY LIGHT R.R. GRADE, SAID POINT BEING THE TRUE POINT OF BEGINNING FOR UNE "AM; THENCE SOUTH 50 40'18" EAST ALONG THE SOUTHWESTERLY SIDE OF AN EXISTING ACCESS ROAD, A 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

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17. MISCELLANEOUS:

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