

202303150017

03/15/2023 08:37 AM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor, WA**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2514 12133 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit)	

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 TENA		FIRST PERSONAL NAME ANDREW	ADDITIONAL NAME(S)/INITIAL(S) LOPEZ	SUFFIX
1c. MAILING ADDRESS 1624 EAST BLACKBURN ROAD		CITY MOUNT VERNON	STATE WA	POSTAL CODE 98274	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 VEGA		FIRST PERSONAL NAME DAYANA	ADDITIONAL NAME(S)/INITIAL(S) RAMOS	SUFFIX
2c. MAILING ADDRESS 1624 EAST BLACKBURN ROAD		CITY MOUNT VERNON	STATE WA	POSTAL CODE 98274	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 1st Security Bank of Washington					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000		CITY Lynnwood	STATE WA	POSTAL CODE 98046	COUNTRY USA

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

WINDOW

APN: P28090

LEGAL: PTN Of NW 1/4 SE 1/4 OF 29-34-4 AKA PARCEL B, BLA PL-12-061

SEE ATTACHED FOR FULL LEGAL:

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/Licensor					
8. OPTIONAL FILER REFERENCE DATA: :5152439990 TENA (DEBTOR)					

2514 12133

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

TENA

FIRST PERSONAL NAME

ANDREW

ADDITIONAL NAME(S)/INITIAL(S)

LOPEZ

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)

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:

PTN Of NW 1/4 SE 1/4 OF 29-34-4 AKA PARCEL B, BLA
PL-12-061

SEE ATTACHED FOR FULL LEGAL:

17. MISCELLANEOUS:
FIXTURE FILING

THE NORTH 117.00 FEET (AS MEASURED PERPENDICULAR TO AND PARALLEL WITH THE SOUTH RIGHT-OF-WAY MARGIN OF EAST BLACKBURN ROAD, BEING 30 FEET SOUTH OF THE NORTH LINE OF THE SOUTHEAST 1/4) OF THE EAST 84.00 FEET (AS MEASURED PERPENDICULAR TO AND PARALLEL WITH THE EAST LINE) OF THE FOLLOWING DESCRIBED TRACT X:

TRACT X: THAT PORTION OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 315 FEET WEST AND 20 FEET SOUTH OF THE NORTHEAST CORNER OF SAID NORTHWEST 1/4 OF THE SOUTHEAST 1/4;

THENCE SOUTH 350 FEET;

THENCE WEST 90 FEET;

THENCE NORTH 350 FEET TO THE SOUTH LINE OF THE COUNTY ROAD;

THENCE EAST 90 FEET TO THE POINT OF BEGINNING;

EXCEPT THE NORTH 10 FEET THEREOF FOR COUNTY ROAD.

ALSO KNOWN AS PARCEL B OF BLA PL-12-061 RECORDING NO. 201901020063 A RE-RECORD OF BLA 201211060010

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

THE NORTH 117.00 FEET (AS MEASURED PERPENDICULAR TO AND PARALLEL WITH THE SOUTH RIGHT-OF-WAY MARGIN OF EAST BLACKBURN ROAD, BEING 30 FEET SOUTH OF THE NORTH LINE OF THE SOUTHEAST 1/4) OF THE EAST 84.00 FEET (AS MEASURED PERPENDICULAR TO AND PARALLEL WITH THE EAST LINE) OF THE FOLLOWING DESCRIBED TRACT X:

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EXCEPT THE NORTH 10 FEET THEREOF FOR COUNTY ROAD.

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SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON