202310240005

10/24/2023 09:30 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

Al: 64 34	410120004 Being A Portion Of The Southeast Quovernment Lots 3 And 7 In Section 9 Township 3: Check only if applicable and check only one box: Collateral is held in a True	5 Range 8	nd Instructions)	g administe	red by a Decedent's Personal	Representative
λ! 3€		5 Range 8				
٦Ł Se	ATHIT ZHILIM RAINA A DAMIAN LIFTINA SAHMASEFI HI		o rownship 55 re	inge o	And A i ortion of	
- 6	bbreviated Legal Description: (Title Elimination) Ir erial Number 117909 Lot 1 Of Skagit County Sho	rt Plat Number 91	1-104 Recorded U	nder A	uditors File Numb	
٦.	arcel Number: 35080940030100					
C	COLLATERAL: This financing statement covers the following collateral: escription: Verity Credit Union is providing a close plar panel installation project on their personal restill be performing the service.	ed-end personal l idence, descripti	oan to our borrow on provided below	er for t	he purpose of fina ensed and insured	ncing the contracto
C.	MAILING ADDRESS 11027 Meridian Ave N	Seattle		STATE	POSTAL CODE 98133	COUNTRY
R	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME Verity Credit Union	:URED PARTY): Provide on	ly <u>one</u> Secured Party name (3	a or 3b)		
C.	MAILING ADDRESS 7787 Logsdon Ln	Concrete		WA	POSTAL CODE 98237	COUNTRY
P	2b. INDIVIDUAL'S SURNAME Legg	John	AME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	2a. ORGANIZATION'S NAME					
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here		or abbreviate any part of the E mation in item 10 of the Financi			Debtor's name
C.	MAILING ADDRESS 7787 Logsdon Ln	Concrete		STATE	POSTAL CODE 98237	COUNTRY
R	1b. INDIVIDUAL'S SURNAME Legg	FIRST PERSONAL NA	AME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	1a. ORGANIZATION'S NAME	de the marvidual bestor mon	matori intelli 10 of the ribater	ng statemen	it Addendam (Form occiral)	
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	I name; do not omit, modify,		Debtor's na		
		n: Washington (Skagit)				
	2676 11395 CSC 801 Adlai Stevenson Drive	1				
C.	. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
В.	. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					