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03/26/2024 08:55 AM Pages: 1 of 1 Fees: \$303.50  
Skagit County Auditor

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Ed Zavala</b>
B. E-MAIL CONTACT AT FILER (optional) <b>ezavala@northcoastcu.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>North Coast Credit Union 1100 Dupont St Bellingham, WA 98225</b>

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 <b>Sherman</b>	FIRST PERSONAL NAME <b>Elizabeth</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Diane</b>	SUFFIX
1c. MAILING ADDRESS <b>1110 S 10th St</b>	CITY <b>Mount Vernon</b>	STATE <b>WA</b>	POSTAL CODE <b>98274-4421</b>	COUNTRY <b>US</b>

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 <b>Sherman</b>	FIRST PERSONAL NAME <b>Elizabeth</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Diane</b>	SUFFIX
2c. MAILING ADDRESS <b>1110 S 10th St</b>	CITY <b>Mount Vernon</b>	STATE <b>WA</b>	POSTAL CODE <b>98274-4421</b>	COUNTRY <b>US</b>

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 <b>North Coast Credit Union</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>1100 Dupont St</b>	CITY <b>Bellingham</b>	STATE <b>WA</b>	POSTAL CODE <b>98225</b>	COUNTRY <b>US</b>

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

**LOT 3, BLOCK 24, MAP OF MILLETT'S ADDITION TO MT VERNON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 63, RECORDS OF SKAGIT COUNTY, WASHINGTON.**

**PARCEL #P53673**

**ROOF REPLACEMENT: SKAGIT ROOFING INVOICE #5535**

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 checked="" 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:	