usign Envelope ID: BB38E039-A564-464C-8CE2-6D556F989A65			202408020042 08/02/2024 11:27 AM Pages: 1 of 2 Fees: \$304 Skagit County Auditor, WA			
JCC FINANCING STATEMEN	T NT					
A. NAME & PHONE OF CONTACT AT FILER	R (optional)					
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name	and Address)	$\neg 1$				
Craft3		1				
PO Box 530233						
Atlanta, GA 30353-0233		,				
			THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 1b, leave all of item 1 blant 1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME	k, check here and provide the l	Individual Debtor inform	ation in item 10 of the F	inancing Sta	alement Addendum (Form U	
Silva		Daniel		Alaniz		
o. MAILING ADDRESS 18527 Peter Johnson Rd		CITY Mount Vernon		STATE	POSTAL CODE 98273	COUNTRY
8	leu-	FIRST PERSONAL NAME Alicia		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Silva	1	Alicia				
Silva  MAILING ADDRESS	CI			STATE WA	POSTAL CODE 98273	COUNTRY
Silva  MAILING ADDRESS 18527 Peter Johnson Rd	CI	Alicia TY Mount Vernon		STATE WA	POSTAL CODE 98273	COUNTRY
Silva  MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A)  3a. ORGANIZATION'S NAME	CI	Alicia TY Mount Vernon		STATE WA	POSTAL CODE 98273	COUNTRY
Silva  MAILING ADDRESS 18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A)  3a. ORGANIZATION'S NAME  Craft3	CI CI MASSIGNEE of ASSIGNOR SECURED	Alicia TY Mount Vernon	one Secured Party nai	STATE WA	POSTAL CODE 98273	COUNTRY
Silva  MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A)  3a. ORGANIZATION'S NAME  Craft3	CI CI MASSIGNEE of ASSIGNOR SECURED	Alicia TY Mount Vernon D PARTY): Provide only	one Secured Party nai	STATE WA	POSTAL CODE 98273	COUNTRY
Silva  MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A GARDANIZATION'S NAME  Craft3  Bi. INDIVIDUAL'S SURNAME  MAILING ADDRESS	CI  CI  ASSIGNEE of ASSIGNOR SECURED  FII  CI	Alicia TY Mount Vernon D PARTY): Provide only RST PERSONAL NAME	one Secured Party nai	STATE WA me (3a or 3t) ADDITIO	POSTAL CODE  98273  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY USA SUFFIX
Silva c. MAILING ADDRESS 18527 Peter Johnson Rd . SECURED PARTY'S NAME (or NAME of A 3a. ORGANIZATION'S NAME Craft3	ASSIGNEE of ASSIGNOR SECURED	Alicia TY Mount Vernon D PARTY): Provide only RST PERSONAL NAME	one Secured Party nai	STATE WA me (3a or 3t	POSTAL CODE 98273  NAL NAME(S)/INITIAL(S)	COUNTRY
Silva  MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A GARDANIZATION'S NAME Craft3  MAILING ADDRESS  3a. INDIVIDUAL'S SURNAME  MAILING ADDRESS  42 7th Street, Suite 100  COLLATERAL: This financing statement covers of the cover of the cov	ASSIGNEE of ASSIGNOR SECURED  ASSIGNEE of ASSIGNOR SECURED  FILE  String to 18527 Peter Johnson Rd,  10 AC) DR 17: DK 3: THE W  WNSHIP 33 NORTH, RANG  SON ROAD; AND EXCEPT  SE 17539. TOGETHER WI  LOWS: BEGINNING AT AL  RTH 1-43-19 EAST, PARAL	Alicia TY Mount Vernon D PARTY): Provide only RST PERSONAL NAME TY Astoria Mount Vernon, V VEST 142 FEET O NE 4 EAST, W.M., RIGHT OF WAY F TH THAT PORTIC POINT 20 FEET E LLEL TO THE WE	VA 98273 F THE SOUTH 15 EXCEPT THE COOR DRAINAGE ION OF THE SOUTAST AND 154 FEE EST LINE OF SAI	STATE WA  MME (3a or 3t)  ADDITIO  STATE OR  4 FEET ( OUNTY I	POSTAL CODE 98273  NAL NAME(S)/INITIAL(S)  POSTAL CODE 97103  POF THE SOUTHWES ROAD ALONG THE 1/4 OF THE SOUTH H OF THE SOUTHWES	COUNTRY USA  SUFFIX  COUNTRY USA  T 1/4 OF THE SOUTH SIDE RED BY LAW EAST 1/4 OF EST CORNER
Silva  MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A GARDANIZATION'S NAME (Craft3)  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  42 7th Street, Suite 100  COLLATERAL: This financing statement covers septic system repair or replacement a Abbreviated Legal Description: (0.930 SOUTHEAST 1/4 OF SECTION 7, TOWN THEREOF KNOWN AS PETER JOHNS UNDER SKAGIT COUNTY COURT CA SAID SECTION 7, DESCRIBED AS FOLOF SAID SUBDIVISION, THENCE NOIFEET; THENCE SOUTH 88-13-23 EAST Assessor's Parcel Number: P16483 Township-Range-Section: 33-4E-07 Full legal description on page 2.	ASSIGNEE of ASSIGNOR SECURED  ASSIGNEE of ASSIGNOR SECURED  CI  Stitle following collateral:  at 18527 Peter Johnson Rd,  10 AC) DR 17: DK 3: THE W  WNSHIP 33 NORTH, RANG  SON ROAD; AND EXCEPT  SE 17539. TOGETHER WI  LOWS: BEGINNING AT A I  RTH 1-43-19 EAST, PARAL  T, PARALLEL WITH THE SO  Collateral is held in a Trust (see	Alicia TY Mount Vernon D PARTY): Provide only RST PERSONAL NAME TY Astoria Mount Vernon, V VEST 142 FEET O NE 4 EAST, W.M., RIGHT OF WAY F TH THAT PORTIC POINT 20 FEET E LLEL TO THE WE	VA 98273 F THE SOUTH 15 EXCEPT THE COR DRAINAGE ION OF THE SOUTAST AND 154 FEE ST LINE OF SAI	STATE WA  ADDITIO  STATE OR  4 FEET ( OUNTY I DISTRICT THWEST T NORT D SUBDI , A	POSTAL CODE 98273  NAL NAME(S)/INITIAL(S)  POSTAL CODE 97103  POF THE SOUTHWES ROAD ALONG THE NO. 17 AS ACQUIE 1/4 OF THE SOUTH H OF THE SOUTHWE IVISION, A DISTANCE  POSTAL CODE 1/4 OF THE SOUTH H OF THE SOUTHWE IVISION, A DISTANCE  POSTAL CODE 1/4 OF THE SOUTHWE 1/4 OF THE SOUT	COUNTRY USA  SUFFIX  COUNTRY USA  T 1/4 OF THE SOUTH SIDE RED BY LAW EAST 1/4 OF EST CORNER CE OF 178.52
Silva  c. MAILING ADDRESS  18527 Peter Johnson Rd  SECURED PARTY'S NAME (or NAME of A GARDANIZATION'S NAME (Craft3)  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  42 7th Street, Suite 100  COLLATERAL: This financing statement covers Septic system repair or replacement a Abbreviated Legal Description: (0.930 SOUTHEAST 1/4 OF SECTION 7, TOWN THEREOF KNOWN AS PETER JOHNS UNDER SKAGIT COUNTY COURT CA SAID SECTION 7, DESCRIBED AS FOLOF SAID SUBDIVISION, THENCE NOIF FEET; THENCE SOUTH 88-13-23 EAST Assessor's Parcel Number: P16483 Township-Range-Section: 33-4E-07 Full legal description on page 2.  Check only if applicable and check only one box: (a. Check only if applicable and check only one box: (a. Check only if applicable and check only one box: (a. Check only if applicable and check only one box: (a. Check only if applicable and check only one box: (b. Check only if ap	ASSIGNEE of ASSIGNOR SECURED  ASSIGNEE of ASSIGNOR SECURED  CI  Stitle following collateral:  at 18527 Peter Johnson Rd,  10 AC) DR 17: DK 3: THE W  WNSHIP 33 NORTH, RANG  SON ROAD; AND EXCEPT  SE 17539. TOGETHER WI  LOWS: BEGINNING AT A I  RTH 1-43-19 EAST, PARAL  T, PARALLEL WITH THE SO  Collateral is held in a Trust (see	Alicia TY Mount Vernon D PARTY): Provide only RST PERSONAL NAME TY Astoria Mount Vernon, V VEST 142 FEET O VEST 142 FEET O RIGHT OF WAY F TH THAT PORTIC POINT 20 FEET E LLEL TO THE WE DUTH LINE OF SA	VA 98273 F THE SOUTH 15 EXCEPT THE COR DRAINAGE IDN OF THE SOUTH AST AND 154 FEE SIT LINE OF SAI AND SUBDIVISION INSTRUCTIONS  Bein	STATE WA  ADDITIO  STATE OR  4 FEET ( OUNTY I DISTRICT THWEST T NORT D SUBDI , A	POSTAL CODE 98273  NAL NAME(S)/INITIAL(S)  POSTAL CODE 97103  OF THE SOUTHWES ROAD ALONG THE SOUTH NO. 17 AS ACQUIE 1/4 OF THE SOUTH H OF THE SOUTHWEI IVISION, A DISTANCE	COUNTRY USA  SUFFIX  COUNTRY USA  T 1/4 OF THE SOUTH SIDE RED BY LAW EAST 1/4 OF EST CORNER CE OF 178.52

## **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 9b. INDIVIDUAL'S SURNAME Silva FIRST PERSONAL NAME Daniel ADDITIONAL NAME(S)/INITIAL(S) Alaniz 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 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 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) 11c. MAILING ADDRESS COUNTRY POSTAL CODE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X is filed as a fixture filling 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) The west 142.00 feet of the south 154 feet of the southwest? of the southeast 1/4 of Section 7, Township 33 North, Range 4 East, W.M., except the county road along the south side thereof known as Johnson Road; and except right of way for Drainage District No. 17, as acquired by law under Skagit County Court Case 17539. Situate in the County of Skagit, State of Washington. 17. MISCELLANEOUS: