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10/17/2024 08:32 AM Pages: 1 of 1 Fees: \$303.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT

POLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
recordings@gorequire.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	<u> </u>			
reQuire Real Estate Solutions, LLC	1			
P.O. Box 860				
Palm Harbor, FL 34682	<u> </u>			
	1 1	Print	Reset	
SEE BELOW FOR SECURED PARTY CONTACT INFO	RMATION THE	ABOVE SPACE IS FOR	\$255 HH/to (See a Sant) 975 SE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fu				
	ovide the Individual Debtor information in Item 1			ecor shame with
1a. ORGANIZATION'S NAME				
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
Neff	Michael			
1c. MAILING ADDRESS	CITY	STATE WA	POSTAL CODE	COUNTRY
1730 CASCADE VISTA LANE	BURLINGTON	I WA	98233	USA
2 DEDTOR'S MANE D				
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fu not fit in line 2b, leave all of item 2 blank, check here 	ovide the Individual Debtor information in item 1			ebtor's name with
2a. ORGANIZATION'S NAME		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Neff	Patricia			
2c. MAILING ADDRESS	СПҮ	STATE	POSTAL CODE	COUNTRY
1730 CASCADE VISTA LANE	BURLINGTON	WA	98233	USA
2 SECURED DARTY'S NAME (CLAME A ASSISTANCE A ASSISTANCE	CURE SARTING BOOK AND AND COMMENT	\		
 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI 3a. ORGANIZATION'S NAME 	ECORED PART 1). Provide only <u>title</u> Secured P	raity harne (sa or sp)		
Puget Sound Cooperative Credit Union				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	. NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
11201 SE 8th Street, Suite 208	BELLEVUE	WA	98004-6420	USA
· · · · · · · · · · · · · · · · · · ·				

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

Fixtures and energy equipment, including but not limited to residential solar energy equipment, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 1730 CASCADE VISTA LANE BURLINGTON, WA 98233

Lot 5, "Cascade Vista Addition in Tract 38, "Plat of the Burlington Acreage Property', Skagit County, Washington," as per plat recorded in Volume 8 of Plats, Page 9, records of Skagit County, Washington.

Parcel No.: P64016

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Neff352	