## 202502070005

02/07/2025 08:39 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

## **UCC FINANCING STATEMENT**

. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
77-505-5400  E-MAIL CONTACT AT SUBMITTER (optional)				
ecordings@gorequire.com				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
reQuire Real Estate Solutions, LLC	71			
P.O. Box 860	'			
Palm Harbor, FL 34682				
Failit Hai but, FL 34062	1	Print	Reset	
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION —		\$250 HH/L (300 ASD) \$4550	
SEE BELOW FOR SECURED FART I CONTACT	THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex-				ebtor's name
	and provide the Individual Debtor information in Item	10 of the Financing Statement	: Addendum (Form UCC1Ad)	
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME Wheeler	FIRST PERSONAL NAME  Andrew	ADDITIONAL N	IAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 27 EAST VICTORIA AVENUE	BURLINGTON	STATE WA	POSTAL CODE 98233	COUNT
Z7 EAST VICTORIA AVENUE	BOKLINGTON		96233	USA
		part of the Debtor's name); if		_
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa			any part of the Individual De	
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exa ot fit in line 2b, leave all of item 2 blank, check here	act, full name; do not omit, modify, or abbreviate any		any part of the Individual De	
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ext of fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	act, full name; do not omit, modify, or abbreviate any and provide the Individual Debtor information in item		any part of the Individual De	
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exot fit in tine 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	act, full name; do not omit, modify, or abbreviate any and provide the Individual Debtor Information in item FIRST PERSONAL NAME	10 of the Financing Statement	any part of the Individual De	
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exot fit in tine 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	act, full name; do not omit, modify, or abbreviate any and provide the Individual Debtor information in item	10 of the Financing Statement	any part of the Individual De t. Addendum (Form UCC 1Ad)	btor's name
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exit fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS	act, full name; do not omit, modify, or abbreviate any and provide the Individual Debtor Information in item  FIRST PERSONAL NAME  Valerie  CITY	10 of the Financing Statement  ADDITIONAL  STATE	any part of the Individual De Addendum (Form UCC 1Ad) NAME(SyINITIAL(S)	SUFFIX
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exit fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS	act, full name; do not omit, modify, or abbreviate any and provide the Individual Debtor information in item  FIRST PERSONAL NAME  Valerie	0 of the Financing Statement  ADDITIONAL	any part of the Individual De Addendum (Form UCC 1Ad) NAME(SyINITIAL(S)	SUFFIX
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EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exit fit in line 2b, leave att of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS  27 EAST VICTORIA AVENUE  ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE)  3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME  Valerie  CITY BURLINGTON  OR SECURED PARTY): Provide only one Secured	ADDITIONAL STATE	any part of the Individual De Addendum (Form UCC 1Ad) NAME(SyINITIAL(S)	SUFFIX
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exit fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS  27 EAST VICTORIA AVENUE  ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE)  3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME  Valerie  CITY BURLINGTON  OR SECURED PARTY): Provide only one Secured	ADDITIONAL STATE	any part of the Individual De Addendum (Form UCC 1Ad) NAME(SyINITIAL(S)	SUFFIX
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EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use except fit in line 2b, leave att of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS  27 EAST VICTORIA AVENUE  ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE)  3a. ORGANIZATION'S NAME  Puget Sound Cooperative Credit Uni	FIRST PERSONAL NAME Valerie CITY BURLINGTON  OR SECURED PARTY): Provide only one Secured	ADDITIONAL STATE WA Party name (3a or 3b)	any part of the Individual De Addendum (Form UCC 1Ad)  NAME(SYINITIAL(S)  POSTAL CODE 98233	SUFFIX COUNTY USA
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exit fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS  27 EAST VICTORIA AVENUE  ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN: 3a. ORGANIZATION'S NAME  Puget Sound Cooperative Credit Uni 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME Valerie CITY BURLINGTON  OR SECURED PARTY): Provide only one Secured	ADDITIONAL STATE WA Party name (3a or 3b)	any part of the Individual De Addendum (Form UCC 1Ad)  NAME(SYINITIAL(S)  POSTAL CODE 98233	SUFFIX
EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exot fit in line 2b, leave att of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Wheeler  MAILING ADDRESS  27 EAST VICTORIA AVENUE  ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE)	FIRST PERSONAL NAME  OR SECURED PARTY): Provide only one Secured  On	ADDITIONAL STATE WA Party name (3a or 3b) ADDITIONAL	any part of the Individual De Addendum (Form UCC 1Ad)  NAME(S)INITIAL(S)  POSTAL CODE  98233  AL NAME(S)INITIAL(S)	SUFFIX COUNTR USA

associated equipment, and after acquired equipment, installed at 1427 EAST VICTORIA AVENUE BURLINGTON, WA 98233

That portion of the West 2 of Tract 35, Plat of the Burlington Acreage Property", as per plat recorded in Volume 1 of Plats, Page 49, records of Skagit County, Washington; more particularly described in Exhibit A attached don Page 2.

Parcel No.: P62501

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)	yer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA: Wheeler871				

## Exhibit A

THAT PORTION OF THE WEST 2 OF TRACT 35, "PLAT OF THE BURLINGTON ACREAGE PROPERTY", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON; DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE WEST LINE OF SAID TRACT, 300 FEET NORTH OF THE CENTERLINE OF FAIRHAVEN AVENUE, PRODUCED EASTERLY THROUGH SAID TRACT; THENCE EAST, PARALLEL WITH THE CENTERLINE OF SAID FAIRHAVEN AVENUE 275 FEET TO THE TRUE POINT OF BEGINNING; THENCE EAST, PARALLEL WITH THE CENTERLINE OF FAIRHAVEN AVENUE, 70 FEET; THENCE NORTH 00 DEG 01' EAST 120 FEET, MORE OR LESS, TO THE SOUTH LINE OF "KLOKE'S ADDITIONTO BURLINGTON", OF PLATS, PAGE 40, RECORDS OF SKAGIT COUNTY, WACK TO THE PLATTHEREOF RECORDED IN VOLUME 7 THENCE WEST ALONG THE SOUTH LINE OF "KLOKE'S ADDITION", 70 FEET; THENCE SOUTH 00 DEG 01'WEST, 120 FEET TO THE POINT OF BEGINNING.

EXCEPT THAT PORTION, IF ANY, LYING WITH THE BOUNDARIES OF VICTORIA AVENUE.

Parcel Number: P62501/3867-000-035-2603