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04/04/2025 09:38 AM Pages: 1 of 3 Fees: \$305.50
Skagit County Auditor, WA**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 59767 - Craft3	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	103616907 WAWA FIXTURE

File with: Skagit, WA

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 Ayala	FIRST PERSONAL NAME Linda	ADDITIONAL NAME(S)/INITIAL(S) Marivel	SUFFIX
1c. MAILING ADDRESS 814 Cul de Sac Ave		CITY Burlington	STATE WA	POSTAL CODE 98233
			COUNTRY USA	

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 Ayala Corrales	FIRST PERSONAL NAME Jorge	ADDITIONAL NAME(S)/INITIAL(S) Alberto	SUFFIX
2c. MAILING ADDRESS 814 Cul de Sac Ave		CITY Burlington	STATE WA	POSTAL CODE 98233
			COUNTRY USA	

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 Craft3				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 42 7th Street, Suite 100		CITY Astoria	STATE OR	POSTAL CODE 97103
			COUNTRY USA	

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

APN: P62836

Abbreviated Legal Description: PTN 81, BURLINGTON ACREAGE PROPERTY, SKAGIT COUNTY, WA

Septic system repair or replacement at 814 Cul de Sac Ave, Burlington, WA 98233

Township-Range-Section: 34-4E-05

Full legal description on page 3.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

103616907 SP-28573 - DO NOT ADD

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by Lien Solutions, P.O. Box 29071,
Glendale, CA 91209-9071 Tel (800) 331-3282

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	
OR	
9b. INDIVIDUAL'S SURNAME	
Ayala	
FIRST PERSONAL NAME	
Linda	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Marivel	

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

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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)	SUFFIX
11c. MAILING ADDRESS		CITY	STATE
			POSTAL CODE
			COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: Parcel ID: P62836 See Exhibit A

17. MISCELLANEOUS: 103616907-WA-57 59767 - Craft3 Craft3 File with: Skagit, WA SP-28573 - DO NOT ADD

Exhibit A

SITUATED IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON. THAT PORTION OF TRACT 81, "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 THE SOUTHWEST CORNER OF SAID TRACT 81; THENCE SOUTH 89°28' EAST ALONG THE SOUTH BOUNDARY OF SAID TRACT, 503.81 FEET TO THE SOUTHEAST CORNER OF PLAT OF "THORNTON ADDITION, BURLINGTON, WASH ",AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 42, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE NORTH ALONG THE EAST BOUNDARY OF SAID ADDITION 161.55 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE NORTH ALONG THE EAST LINE OF SAID ADDITION, 130 FEET; THENCE SOUTH 89°28' EAST 1 00 FEET; THENCE SOUTH PARALLEL TO THE WEST BOUNDARY OF SAID TRACT 81 , A DISTANCE OF 1 30 FEET; THENCE WEST 100 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING