202507240032
07/24/2025 11:44 AM Pages: 1 of 3 Fees: $305.50
Skagit County Auditor, WA

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Pinnacle Finance LLC 877-249-5119

B. E-MAIL CONTACT AT SUBMITTER (optional)
customerservice@pinnaclefinance.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Pinnacle Finance LLC
15030 N. Hayden Rd., Suite 100
Scottsdale, AZ 85260

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
GRANAHAN	JERALD		

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
20317 Lafayette Rd	BURLINGTON	WA	98233	

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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
Pinnacle Finance LLC

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
15030 N Hayden Rd., Suite 100	Scottsdale	AZ	85260	

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

Home Safety Research - Life Safety System

Legal Description: County: SKAGIT, WA APN: P62421
Block: 9516.00 / Legal Lot: 24
Alternate APN: 38670000241022
Township-Range-Sect: 35-4E-33
Subdivision: BURLINGTON ACRES
Map Reference: 35N-04E-33-NW / 04E-35N-33-NW

FULL LEGAL: SEE EXHIBIT A

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:
1-12434-1 MC

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

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
GRANAHAN

FIRST PERSONAL NAME
JERALD

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

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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
	BURLINGTON	WA	98233	

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. ☑ 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 ☑ 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:
Legal Description: County: SKAGIT, WA APN: P62421 Census Tract / Block: 9516.00 / 1 Alternate APN: 38670000241022
Township-Range-Sect: 35-4E-33 Subdivision: BURLINGTON ACRES
Legal Book/Page: Map Reference: 35N-04E-33-NW / 04E-35N-33-NW
Legal Lot: 24 Tract #:
FULL LEGAL: SEE EXHIBIT A

17. MISCELLANEOUS:

EXHIBIT A

Legal Description: BURLINGTON ACREAGE TRACT 24, PORTION OF THE EAST 1/2 OF THE EAST 1/2, BEGINNING AT SOUTHEAST CORNER OF SAID LOT 24; THENCE POINT OF BEGINNING; THENCE NORTH 115 FEET ALONG THE EAST LINE LINE OF SAID LOT; THENCE WEST 155 FEET PARALLEL TO SOUTH LINE OF SAID LOT; THENCE SOUTH PARALLEL TO EAST LINE OF SAID LOT TO SOUTH LINE OF SAID LOT; THENCE EAST TO POINT OF BEGINNING; TOGETHER WITH PARCEL DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER EAST 120 FEET OF NORTH 115 FEET OF SOUTH 230 FEET TRACT 24; THENCE SOUTH 89 DEGREES 44' 44"" WEST ALONG SOUTH LINE SAID NORTH 115 FEET DISTANCE OF 18.29 FEET; THENCE NORTH 00 DEGREES 30' 03"" WEST PARALLEL WITH THE WEST LINE OF EAST 120 FEET A DISTANT OF 102 FEET; THENCE NORTH 89 DEGREES 44' 44"" County: SKAGIT, WA APN: P62421 Census Tract / Block: 9516.00 / 1 Alternate APN: 38670000241022 Township-Range-Sect: 35-4E-33 Subdivision: BURLINGTON ACRES Legal Book/Page: Map Reference: 35N-04E-33-NW / 04E-35N-33-NW Legal Lot: 24 Tract #: