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09/03/2025 08:34 AM Pages: 1 of 3 Fees: \$305.50 Skagit County Auditor, WA

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)					
CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
3220 33273					
CSC 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed In:	Washington (Skagit)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	`	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full in not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME		dify, or abbreviate any part of the nformation in item 10 of the Financ			l Debtor's name will
1b. INDIVIDUAL'S SURNAME DAVENPORT	FIRST PERSONA KEN	FIRST PERSONAL NAME KEN		ADDITIONAL NAME(S)/INITIAL(S) SU	
ic. MAILING ADDRESS 4700 HIDDEN LAKE LOOP	MOUNT VI	ERNON	STATE	POSTAL CODE 98273	COUNTRY
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full n not fit in line 2b, leave all of item 2 blank, check here		dify, or abbreviate any part of the I			l Debtor's name will
2a. ORGANIZATION'S NAME	e die marriada Bestori	mornation in term to di the i mane	ing statemen	tradendam (rom occiva)	
OR					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECU 3a. ORGANIZATION'S NAME Fifth Third Bank, N.A.	RED PARTY): Provid	e only <u>one</u> Secured Party name (3	3a or 3b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ac. MAILING ADDRESS Fifth Third Bank - Dividend, 38	CITY		STATE	POSTAL CODE	COUNTRY
Fountain Sq Plaza, 1MOBA5	Cincinnati		ОН	45263	USA
. COLLATERAL: This financing statement covers the following collateral: THE FOLLOWING DESCRIBED REAL ESTATE, SI THE "PROPERTY"), INCLUDING ANY AFTER ACC	TUATED IN T QUIRED TITL	THE COUNTY OF S .E:	KAGIT	, STATE OF WAS	HINGTON
LEGAL DESCRIPTION: (0.1200 AC) LOT 31, SKAG RECORDED ON AUGUST 16, 2005, UNDER AUDI WASHINGTON.	GIT HIGHLAN TOR'S FILE I	DS, DIVISION 1, A NO. 200508160182,	PLANN RECO	ED UNIT DEVELORDS OF SKAGIT	OPMENT, COUNTY,
Property Address:- 4700 HIDDEN LAKE LOOP, MO	OUNT VERNO	N, WA 98273			
Parcel ID:- P123171					
The collateral described below is located at the Deb	tors address	listed above. ALL OI	THE	DEBTORS RIGHT	TITLE
		7 and Instructions) Doin	g administe	red by a Decedent's Personal	Representative
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trus	t (see UCC1Ad, item 1	/ and modulations)			
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	_	6b. 0		f applicable and check only or	
	_	Transmitting Utility	Check <u>only</u> i	tural Lien Non-UCC	

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 DAVENPORT FIRST PERSONAL NAME KEN ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY) INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS ELECTRICAL INVERTERS CABLES AND WIRES SUPPORT BRACKETS RELATED EQUIPMENT MONITORING EQUIPMENT SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL ANY RENEWABLE ENERGY OR CARBON CERTIFICATES OR CREDITS (REFERRED TO AMONG OTHER THINGS AS SRECS) ANY RENEWABLE ENERGY PRODUCTION INCENTIVES 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 16. Description of real estate (If Debtor does not have a record interest): KEN DAVENPORT, 4700 HIDDEN LAKE LOOP, THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON (THE MOUNT VERNON, WA 98273 "PROPERTY"), INCLUDING ANY AFTER ACQUIRED TITLE: LEGAL DESCRIPTION: (0.1200 AC) LOT 31, SKAGIT HIGHLANDS, DIVISION 1, A PLANNED UNIT DEVELOPMENT. RECORDED ON AUGUST 16, 2005, UNDER AUDITOR'S FILE NO. 200508160182, RECORDS OF SKAGIT COUNTY, WASHINGTON, PIN: P123171 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financi	ing Statement; if line 1b was left blank	1	
cause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME			
9b. INDIVIDUAL'S SURNAME		1	
DAVENPORT			
FIRST PERSONAL NAME		1	
KEN ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional			
do not omit, modify, or abbreviate any part of the Debtor's name): 10a. ORGANIZATION'S NAME	and enter the mailing address in line 10c		
TOB. ORGANIZATION'S NAME			
10b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	S NAME: Provide only <u>one</u> name (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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	CITY	STATE POSTAL CODE	COUNTRY
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