

WHEN RECORDED RETURN TO:

Skagit State Bank
1400 Commercial Ave
P O Box 36
ANACORTES, WA 98221



200101110020
Skagit County Auditor

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WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es))

HOUSTON, CLINTON C SSN: [REDACTED]
8626 PINKERTON RD
ANACORTES, WA 98221

2. Grantee(s)/Assignee/Beneficiary:

Skagit State Bank
1400 Commercial Ave
P O Box 36
ANACORTES, WA 98221

3. Assignee(s) of Secured Party(ies):

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: A20168

Additional on page _____

Short Legal Description: _____

Additional on page _____

Assessor's Tax Parcel ID#: R68524

Legal Description: _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1970 BON PRIX MOBILE HOME S/N OW731 TOGETHER WITH ALL SKIRTINGS, DECKS, TOOLS, EQUIPMENT, BUILT-IN APPLIANCES AND ACCESSORIES. together with all equipment, including without limitation ALL SKIRTING, DECKS, TOOLS, EQUIPMENT, AWNINGS, BUILT-IN APPLIACES & ACCESSORIES; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

4. The debtor is the record owner.

5. This statement is signed by the Secured Party(ies) instead of the Debtor(s) to perfect a security interest in collateral: (Please check appropriate box)

(a) already subject to security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or

(b) which is proceeds of the original collateral described above in which a security interest was perfected, or

(c) as to which the recording has lapsed, or

(d) acquired after a change of name, identity, or corporate structure of the debtor(s).

6. Complete fully if box (d) is checked:

complete as applicable for (a), (b), and (c):

Original recording number _____

Office where recorded _____

Former name of debtor(s) _____

Dated _____, 20____

CLINTON HOUSTON
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

COPY 1 - COUNTY AUDITOR

Skagit State Bank
TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON