



200103140018

Skagit County Auditor

3/14/2001 Page 1 of 1 9:48:08AM

WHEN RECORDED RETURN TO:
Skagit State Bank
1400 Commercial Ave, P O Box 36
Anacortes, WA 98221

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) HOUSTON, CLAYTON D SSN: [REDACTED] 1012 17TH ST 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):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: _____ Additional on page _____
Short Legal Description: _____

Assessor's Tax Parcel ID#: P100597 + P50570 Additional on page _____
Legal Description: _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1994 SKYLINE ALJO 4080 MOBILE HOME (Serial Number 7692-2002-G) together with all equipment, including without limitation TOGETHER WITH ALL DECKS, SKIRTINGS, AWNINGS, ACCESSORIES, AND BUILT IN APPLIANCES.; 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; All of the above being situated at ptn SE 1/4 of SE 1/4 of NW 1/4 & ptn SW 1.4 of NE 1/4, 33-36-4 EWM, commonly known as 20617 Prairie Rd., Sedro-Woolley, WA 98284. Situate in County of Skagit, State of Washington.

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____

CLAYTON D. HOUSTON
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

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

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

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

COPY 1 - COUNTY AUDITOR

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON