



200412030110  
Skagit County Auditor

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### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Skagit State Bank  
301 E. Fairhaven Ave  
P O Box 285  
Burlington, WA 98233

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: CHATHAM

FIRST NAME: WILLIAM

MIDDLE NAME: R

SUFFIX:

1c. MAILING ADDRESS: 10801 SAMISH ISLAND RD

CITY: BOW

STATE: WA

POSTAL CODE: 98232

COUNTRY: USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION: Individual

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME: CHATHAM

FIRST NAME: TOVE

MIDDLE NAME:

SUFFIX:

2c. MAILING ADDRESS: 10801 SAMISH ISLAND RD

CITY: BOW

STATE: WA

POSTAL CODE: 98232

COUNTRY: USA

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION: Individual

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: Skagit State Bank

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS: 301 E. Fairhaven Ave, P O Box 285

CITY: Burlington

STATE: WA

POSTAL CODE: 98233

COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

1970 CHATEAU MOBILE HOME 53X20 (Serial Number S4329) together with all equipment, including without limitation skirting, awnings, decks 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 proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

P47376, P47395  
GL 3-4 35-362

5. ALTERNATIVE DESIGNATION (if applicable):

LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) [ADDITIONAL FEE]

All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

|  |                              |                                 |
|--|------------------------------|---------------------------------|
| 9b. INDIVIDUAL'S LAST NAME<br><b>CHATHAM</b> | FIRST NAME<br><b>WILLIAM</b> | MIDDLE NAME, SUFFIX<br><b>R</b> |
|--|------------------------------|---------------------------------|

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

|                             |            |             |        |
|-----------------------------|------------|-------------|--------|
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------------------------|------------|-------------|--------|

11c. MAILING ADDRESS

|      |       |             |         |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

11d. SEE INSTRUCTIONS

|                                   |                           |                                   |                                  |                               |
|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|-------------------------------|
| ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |
|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|-------------------------------|

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

|                             |            |             |        |
|-----------------------------|------------|-------------|--------|
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------------------------|------------|-------------|--------|

12c. MAILING ADDRESS

|      |       |             |         |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|


13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing

14. Description of real estate:

**a ptn of Gov. Lots 3 & 4, 35-36-2 E W.M., commonly known as 10801 Samish Island Rd., Bow, WA 98232**

**P47376, P47395**

16. Additional collateral description:



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15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction - effective 30 years

Filed in connection with a Public-Finance Transaction - effective for 30 years