					11			
JCC FINANCING STATEMENT						7006	0926005	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]						Skagit C	ounty Auditor	•
SEND ACKNOWLEDGN	AENT TO: (Nom	o and Address)			9/26/20	06 Page	1 of	4 9:21AM
. SEND ACKNOVIZEDGN	AENTTO: (Nam	e and Address)		_				
301 E Fairh	e Bank Operations Ce laven Ave, P ( WA 98233			1				
1				j				
	W <sup>e</sup> .				THE ABOVE S	PACE IS FO	R FILING OFFICE U	SE ONLY
DEBTOR'S EXACT FU		E - insert only <u>one</u> debtor	name (1a or	1b) - do not abbreviate	or combine names			· · · · · · · · · · · · · · · · · · ·
1a. ORGANIZATION'S NAI	ME		4					
R 16. INDIVIDUAL'S LAST N	IAME		j.	FIRST NAME		MIDDLE	NAME	SUFFIX
BRAZAS			eller og det som en som en Som en som e	TERRY		E		
c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
3408 F AVENUE			ا مناطق میشود. منابع ا	ANACORTES		WA	98221-4707	USA
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZ Individual	NOITA	1. JURISDICTION C	FORGANIZATION	1g. ORG	ANIZATIONAL ID#, if an	y 🔀 no
ADDITIONAL DEBTOR		LEGAL NAME - insert	only one de	btor name (2a or 2b) -	do not abbreviate or combi	ne names		, , , , ,
2a. ORGANIZATION'S NAI				a de la companya de				-
R				TEIDOT NAME		MIDDLE	NAR4C	SUFFIX
26. INDIVIDUAL'S LAST N	IAME			FIRST NAME WENDY		A	VAME	SUFFIX
BRAZAS : MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
3408 F AVENUE				ANACORTES		WA	98221-4707	USA
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZ	ATION	2f. JURISDICTION O	FORGANIZATION	2g. ORG	ANIZATIONAL ID #, if an	y X NO
SECURED PARTY'S I	DEBTOR		SSICNOPS	I/D) - insert only one se	cured north name (3a or 3			<b>I</b> ∕ N∪
3a. ORGANIZATION'S NAI		SI TOTAL ACCIONALE OF	0010110110	or y - mount only one ac	Colog party manne (ca or o	·)		
Skagit State Bank					The second of th	Canaga .		SUFFIX
R 3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	(MIDDLE NAME			
: MAILING ADDRESS				CITY	N. A. L.	STATE	POSTAL CODE	COUNTRY
301 E. Fairhaven Ave,	, P O Box 285	<u> </u>		Burlington		WA	98233	USA
This FINANCING STATEMEI					4			
All Inventory, Machine acquired later; all acce	essions, addit all proceeds re 21183	ions, replacements elating to any of th	, and sub	ostitutions relatir ing (including ins	g to any of the fore	going; all i	records of any kin	d relating to
	essions, addit all proceeds re 21183	ions, replacements elating to any of th	, and sub le forego	ostitutions relatir ing (including ins	g to any of the fore	going; all i	records of any kin	id relating to
All Inventory, Machine acquired later; all account any of the foregoing;  PARCEL	essions, addit all proceeds re 21183 21184	ions, replacements elating to any of the	CONSIG	estitutions relating (including ins	g to any of the fore	egoing; all i	records of any kind other accounts	id relating to

UCC FINANCING STATEMEN	NT ADDENDUM						
FOLLOW INSTRUCTIONS (front and back) C							
9. NAME OF FIRST DEBTOR (1a or 1b) OF	N RELATED FINANCING STAT	EMENT					
Sa. ORGANIZATION STIMILE							
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLEN	IAME, SUFFIX				
BRAZAS	TERRY	E					
10. MISCELLANEOUS:							
				THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL	, LEGAL NAME - insert only one n	ame (11a or 11b)	- do not abbre	viate or combine nam	es		
11a. ORGANIZATION'S NAME		_					
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		СІТУ			STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f JURISDICT	ION OF ORGA	NIZATION	11g. OR	GANIZATIONAL ID#,	if any NONE
12. ADDITIONAL SECURED PARTY'S	ASSIGNOR S/P'S	NAME - insert	only <u>one</u> name	(12a or 12b)			
12a, ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·					
OR					Ivinoi =		Laverne
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	and the second		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	<u> </u>	СПҮ	<u> </u>	Section 1	STATE	POSTAL CODE	COUNTRY
120. MINICINO ABBRECO			-47				
13. This FINANCING STATEMENT covers time collateral, or is filed as a fixture filling.  14. Description of real estate:	per to be cut or as-extracted	16. Additional	collateral descr	iption;	N.	1	
PARCEL A:							
The East 400 Feet of Governmen Township 34 North, Range 3 E Meridian;					est January and a second		
EXCEPT that portion thereof lyin right-of-way line of State Highway I the State of Washington by deed and recorded November 5, 1938, ir page 568, under Auditor's File N Skagit County, Washington;	No. 536, as conveyed to dated August 2, 1938, a Volume 175 of Deeds,						
AND EXCEPT LaConner-Whitney				\\ <b>144</b>		IM 1881 I <b>M</b> 1881 IM 188	
,		200609260056 Skagit County Auditor					
15. Name and address of a RECORD OWNER of a	bove-described real estate					N N _ 2	4 9·21AM
(if Debtor does not have a record interest):				9/26/200	6 Page		A.S.
		17. Check only	if applicable a	nd check <u>only</u> one bo	х.		
		Debtor is a	Trust or	Trustee acting with re	spect to pr	operty held in trust	or Decedent's Estate
		l		nd check <u>only</u> one bo	<b>x</b> .		
		I <b>I</b>	TRANSMITTINI				
				Manufactured-Home Public-Finance Trans		•	
		The rived in con	HECHOII WITH S	rupiic-rinance irans	ECHON - CI	couve for 30 years	

JCC FINANCING STATEME	ENT ADDENDUM			
OLLOW INSTRUCTIONS (front and back)				
9. NAME OF FIRST DEBTOR (1a or 1b) (	ON RELATED FINANCING STAT	EMENT		
Sa. OKSANIZATION ON THE				
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
BRAZAS \	TERRY	E		
IO. MISCELLANEOUS:				
and the second s				
	N. Y.			
	and the second second			
		THE	F ABOVE SPACE IS FOR	FILING OFFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL	1 I FGAL NAME - insert only one r			112.10 011102 002 0101
11a. ORGANIZATION'S NAME				<del></del>
	The second of th			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		<u> </u>		
11c. MAILING ADDRESS		СПҮ	STATE POSTA	AL CODE COUNTRY
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	111 JURISDICTION OF ORGANIZATION	11g. ORGANIZAT	ΠΟΝΑL ID #, if any
DEBTOR	<u> </u>			NON
2. ADDITIONAL SECURED PARTY	'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 12	?b)	
12a. ORGANIZATION'S NAME				
DR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12B. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12c, MAILING ADDRESS		CITY	STATE POST/	AL CODE COUNTRY
		I // Y		
13. This FINANCING STATEMENT covers Tir	mber to be cut or as-extracted	16. Additional collateral description:		
collateral, or is filed as a fixture filing.	П		of the state of th	
14. Description of real estate:				
Road;			47	
AND ALSO EXCEPT that portion to		1/2		
State of Washington for Highway Appropriation in Skagit County S		1	and the second s	
31675.	•			
Situated in Skagit County, Washing	jton.			N. Carlotte and Ca
PARCEL B:				1
The West 250 feet of the East 65	50 feet of that portion of	Ì		
Government Lot 11 in Section 7, T	ownship 34 North, Range	1 /40	A	N 5246 6.00 410 may
3 East of the Willamette Meridian, I	lying Southerly of that	\		
		_	200609260	056
			kagit County Au	HHO.
		8/20/000		AITOI
15. Name and address of a RECORD OWNER of	above-described real estate	9/26/2006	Page 3 of	
15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-described real estate	9/26/2006		
	above-described real estate	3/26/2006	Page 3 of	
	l above-described real estate	17. Check only if applicable and check on	Page 3 of	9:21AM
	above-described real estate	17. Check only if applicable and check on Debtor is a Trust or Trustee active.	Page 3 of	9:21AM
	l above-described real estate	17. Check only if applicable and check on Oebtor is a Trust or Trustee actions. Check only if applicable and check on the	Page 3 of	9:21AM
	ł above-described real estate	17. Check only if applicable and check on Debtor is a Trust or Trustee active.	Page 3 of	9:21AM

LICC EINIANC	S NIC STATEMEN	IT ADDENDUM		Ī		
OLLOW INSTRUC	TIONS (front and back) Ca	AREFULLY				
		RELATED FINANCING STAT	EMENT			
9a. ORGANIZATIO	UNSTAME					
96. INDIVIDUAL'S	LAST NAME	FIRST NAME TERRY	MIDDLE NAME, SUFFIX			
IO. MISCELLANEO	us:					
				THE ABOVE SPA	CE IS FOR FILING C	FFICE USE ONLY
1. ADDITIONAL D	EBTOR'S EXACT FULL	LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbre	viate or combine names		
11a. ORGANIZAT	TION'S NAME					
11b. INDIVIDUAL	'S LAST NAME		FIRST NAME	MID	DLE NAME	SUFFIX
11c. MAILING ADDRE	iss ·		CITY	STA	TE POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION	ONS ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	116 JURISDICTION OF ORGA	ANIZATION 11g.	ORGANIZATIONAL ID	t, if any
2. ADDITIONA	L SECURED PARTY'S	or ASSIGNOR S/P'S	NAME - insert only one name	e (12a or 12b)		
12a. ORGANIZAT						<del></del>
OR						
12b. INDIVIDUAL	'S LAST NAME		FIRST NAME	MID	DLE NAME	SUFFIX
12c. MAILING ADDRE	SS		CITY	STA	TE POSTAL CODE	COUNTRY
			16		j	
13. This FINANCING S collateral, or is file 14. Description of real	dasa 🛚 fixture filing.	er to be cut or as-extracted	16. Additional collateral descri	ription:		
parcel condem Highway No	ned by the State of	Washington for State Appropriation in Skagit 675.	<b>{</b>			
Situated in Ska	git County, Washingto	on.				
				200 Skagit	60926005 County Audit	or or
	is of a RECORD OWNER of all It have a record interest):	oove-described real estate		9/26/2006 Pag	e 4 of	4 9:21AM
			17. Check only if applicable a	nd check <u>only</u> one box.	<del></del>	
			Debtor is a Trust or		to property held in trust	or Decedent's Estate
			18. Check only if applicable a	<del>-</del>		
			Debtor is a TRANSMITTIN	G UTILITY Manufactured-Home Trans:	action - effective 30 year	
			\ <u> </u> =	Public-Finance Transaction		-