## 202305080034

05/08/2023 08:44 AM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

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10.	NAME & PHONE OF CONTACT AT FILER (optional)	221 2222 Eavi 6	10 660 4141				
	me: Wolters Kluwer Lien Solutions Phone: 800- E-MAIL CONTACT AT FILER (optional)	331-3202 Fax: 0	10-002-4141				
	ucofilingreturn@wolterskluwer.com						
3. \$	SEND ACKNOWLEDGMENT TO: (Name and Address	<sup>)</sup> 53679 - Laun	ch - Enium				
٢	Lien Solutions	92739	588				
	P.O. Box 29071 Glendale, CA 91209-9071	WAW					
	Cicildale, 671 61266 6671	FIXTU					
ı		FIXIC	' <sup>KE</sup>				
_	File with: Skagit, WA			THE ABOVE SPA	CE IS F	OR FILING OFFICE US	E ONLY
	EBTOR'S NAME: Provide only one Debtor name (1a or						
na F	ame will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	and provide tr	e individual Deptor Into	ormation in item 10 of the Fin	ancing Sta	itement Addendum (Form U	CC1Ad)
١	(a. 5) (a. 1) (b. 1) (b. 1)						
₹┝	1b. INDIVIDUAL'S SURNAME	<del>-</del>	FIRST PERSONAL NAM	IE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
١	Garrison		Timothy A				
c. M	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
880 S Pine St			Burlington			98233	USA
DI	EBTOR'S NAME: Provide only one Debtor name (2a or	2b) (use exact, full r	ame; do not omit, modi	fy, or abbreviate any part of	the Debto	's name); if any part of the I	ndividual Deb
na	ame will not fit in line 2b, leave all of item 2 blank, check here	and provide th	e Individual Debtor info	rmation in item 10 of the Fin	ancing Sta	tement Addendum (Form U	CC1Ad)
ſ	2a. ORGANIZATION'S NAME						
₹	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	IE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
١	Garrison		Karen A				
c. M	MAILING ADDRESS		CITY Burlington		STATE	POSTAL CODE	COUNTRY
380	0 S Pine St				WA	98233	USA
S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECUR	RED PARTY): Provide (	only one Secured Party nam	ne (3a or 3l	o)	
	3a. ORGANIZATION'S NAME Genisys Credit Union						
R	3b. INDIVIDUAL'S SURNAME		LEIDET DEDCOMAL MAN	45	LADDITIO	NAL NAME (C) (ANITIAL (C)	CHEEN
	30. INDIVIDUACS SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S) SUFFIX		SUFFIX
			CITY		STATE	POSTAL CODE	COUNTRY
_							
	00 Executive Hills Blvd  OLLATERAL: This financing statement covers the following		Auburn Hills	_	MI	48326	USA
21		FIRST ADDITION		TON PLAT VOL 3 PG	11 SKA	GIT CO, WA	
21 XP b FKE	N: 4077-130-006-0009  oreviated Legal Description:PTN LT. 6, BLK 130  RCHASE MONEY SECURITY INTEREST IN SO  OTOVALTAIC SOLAR ENERGY EQUIPMENT (  ECTRICAL INVERTERS, MICROINVERTERS OF  D ADDITIONS OR REPLACEMENTS OF THE S	DLAR PRODUC IF ANY), INCLU IR POWER OPT	T FIXTURES: ALL DING BUT NOT L IMIZERS, CABLE	OF THE DEBTOR'S FIMITED TO ROOFTO	RIGHT, T POR GI PORT BE	ROUND MOUNT SOL RACKETS, RELATED	AR PANEI EQUIPME

Consignee/Consignor

Licensee/Licensor

Bailee/Bailor

LenderCode GENSCU

Seller/Buyer

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: 92739588 L

	1b on Financing Statement; if line 1b was left blank	1		
because Individual Debtor name did not fit, chec 9a. ORGANIZATION'S NAME	k here	4		
96. INDIVIDUAL'S SURNAME		1		
Garrison				
FIRST PERSONAL NAME TIMOthy A				
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	1		
		THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONL
	y <u>one</u> additional Debtor name or Debtor name that did not fit in Debtor's name) and enter the mailing address in line 10c	line 1b or 2b of the Financing S	tatement (Form UCC1) (us	e exact, full name
10a. ORGANIZATION'S NAME	Debtor's frame, and enter the maining address in line 100			
DR 49- (ADDIVIDUALIS OVERVANS				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(	s)			SUFFIX
10c. MAILING ADDRESS	ату	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NA     11a, ORGANIZATION'S NAME	AME OI ASSIGNOR SECURED PARTY'S	NAME: Provide only one nam	e (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
TIS. IIPILLING PEDICESS	G.I.I	OTALE	T SOTAL GODE	Josephine
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)				
13 M This FINANCING STATEMENT is to be filed	Her record for recorded) in the 14. This FINANCING STAT	EMENT:		
3 ☑ This FINANCING STATEMENT is to be filed REAL ESTATE RECORDS (if applicable)	d [for record] (or recorded) in the 14. This FINANCING STAT	_	collateral X is filed as	a fixture filing
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of r	covers timber to be real estate described in item 16 description of real estate.	cut covers as-extracted	collateral X is filed as	a fixture filing
REAL ESTATE RECORDS (if applicable)	covers timber to be eal estate described in item 16. Description of real estate Parcel ID:	covers as-extracted te:	collateral X is filed as a	a fixture filing
REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of r	covers timber to be real estate described in item 16 description of real estate.	covers as-extracted te:	collateral X is filed as a	a fixture filing
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of r	covers timber to be lead estate described in item 16 parcel ID: 4077-130-006	cut covers as-extracted te: -0009		a fixture filing
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of r	covers timber to be lead estate described in item 16 parcel ID: 4077-130-006	cut covers as-extracted te: -0009 63.75 FEET (AS	MEASURED	
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of r	covers timber to be eal estate described in item 16 parcel ID: 4077-130-006  THE NORTH 6 PERPENDICU	cut covers as-extracted te: -0009	MEASURED DRTH LINE) C	OF LOT 6

17. MISCELLANEOUS; 92739588-WA-57 53679 - Launch - Enium

Genisys Credit Union

[ See Exhibit for Real Estate ]

RECORDED IN VOLUME 3 OF PLATS, PAGES 11,

File with: Skagit, WA LoanID 398338 LenderCode GENSCU

**Debtor:** Garrison, Timothy A

**Exhibit for Real Estate** 

16. Description of real estate: Continued RECORDS OF SKAGIT COUNTY, WASHINGTON. APN: P72168/4077-130-006-009

