UNOFFICIAL DOCUMENT

WHEN RECORDED RETURN TO:
Skagit State Bank
301 E. Fairhaven Ave
P O Box 285
BURLINGTON, WA 98233

200010130045
, Skagit County Auditor
10/13/2000 Page 1 of 1 10:49:13AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es))	2. Grantee(s)/Assignee/Beneficary:	3. Assignee(s) of Secured Party(ies):
HIESTER, DIANNE SSN: [redacted] **1740 LAKE SAMISH RD** **BELLINGHAM, WA 98226**	**Skagit State Bank** **301 E. Fairhaven Ave** **P O Box 285** **BURLINGTON, WA 98233**	

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

Reference Number: _____ Additional on page _____
Short Legal Description: Lot 6, Blk 1 Plat of Alger

_____ Additional on page _____

Assessor's Tax Parcel ID#: P70364
Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

ONE (1) 1986 OAKSPRING 28X66 MOBILE HOME (Serial Number 3291-0664-V) 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.

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 10/12, 2000.

DIANNE HIESTER
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

Dianne Hiester
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