

LASER PRINTED FORM

UCC-2
COUNTY AUDITOR
Fixture Filing

WHEN RECORDED RETURN TO:

Name Loan Service Center1207 Washington StreetAddress P.O. Box 1404City, State, Zip Vancouver, WA 98668-8904**117969**

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILLED FOR RECORDER
 SKAMANIA CO. WASH
 BY SKAMANIA CO. TITLE

Nov 16 3 43 PM '93

G. M. Olson
 AUDITOR
 GARY M. OLSON

BOOK 139 PAGE 546

1. Debtor(s): (last name first, and mailing address(es)) BURNS, JACQUELINE D PO BOX 186 NORTH BONNEVILLE, WA 98039 <i>Steuerson WA 98648</i>	2. Secured Party(ies) and address(es): FIRST INDEPENDENT BANK STEVENSON OFFICE PO BOX 340 STEVENSON, WA 98648-0340	3. Assignee(s) of Secured Party(ies) and address(es):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Lot 11, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 16, under Skamania County, File No. 83468, also recorded in Book B of Plats, Page 32, under Skamania County File No. 84428, records of Skamania County, Washington.

This Financing Statement is to be recorded in the real estate records.

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All fixtures; 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, rents, royalties, and accounts proceeds)

4. <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected, or (c) <input type="checkbox"/> as to which the recording has lapsed, or (d) <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the debtor(s).	6. Complete if box (d) is checked: complete as applicable for (a), (b), and (c): Original recording number _____ Office where recorded _____ Former name of debtor(s) _____
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Dated _____ 19____

USE IF APPLICABLE

Registered _____
 Indexed, Dir _____
 Indexed _____
 e-mailed _____
 Mailed _____

BURNS, JACQUELINE D

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

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

COPY 1 - COUNTY AUDITOR

FIRST INDEPENDENT BANK

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

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

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON

2-7-20-3-4-1100