

This FINANCING STATEMENT is presented to filing officer for filing pursuant to the Uniform Commercial Code.

1. Debtor(s): (last name first, and mailing address)

Hix, Steven, Johnnie
MPO 02L Tiny Dr.
Skamania, WA 98648

2. Secured Party and address:

BENEFICIAL Finance Co.
P.O. Box 4465
Vancouver, WA 98662

No. of additional
sheets presented:

3. Maturity date
(if any):

4. FILING OFFICER ONLY
(Date, time, number and filing office)

STATEMENT NO. 2214
FILED BY Beneficial Finance Co.
AT 3 M 5-1-81
E. Markel
DEPUTY COUNTY AUDITOR
SKAMANIA COUNTY, WASH

5. This Financing Statement covers the following types (or items) of property:
(Use this space for Real Property description if required.)

- ☒ All of the household furniture and furnishings, electrical and gas appliances, including television sets, phonographs and record players, refrigerators, etc., and other personal property owned and located at the residence of the Debtors at the address given above in Box 1.

☐

CHECK ☒ IF COVERED.

☒ Proceeds of collateral are also covered

☐ Products of collateral are also covered

Filed with: Skamania County Auditor

☐ The collateral described herein is brought into this state already subject to a security interest in the state of.....

Steven Hix
Debtor

Johnnie Hix
Debtor

Secured Party

BENEFICIAL FINANCE CO. OF WASHINGTON

BY: *Robert L. Kramer*

Manager

FORM APPROVED BY A. LUDLOW KRAMER, SECRETARY OF STATE (4-57)

1--FILING OFFICER ALPHABETICAL

92518

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I James Charles Bowman - 1410 NE 109TH AVE, VANCOUVER, WA 98664 hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the ^{LOSS}injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 23RD day of May, 1981.

2. That the place of ^{DAMAGE}injury was ON RYAN ALLEN ROAD ONE 1/4 mile south of Rock Creek Road.

3. That the location and description of the defect which caused the ^{DAMAGE}injury are While driving south on Ryan Allen Rd I drove my vehicle over one of the county's traffic counters tubing the tube was evidently loose - its spikes on its hold pad entered my tire

4. That the ^{DAMAGE}injury is described as follows: The spikes on the securing pad entered the front tire of my vehicle putting two one inch ~~gaps~~ ^{gashes} ~~tears~~ in my tire making it non-repairable.

5. That the amount of damages claimed is as follows: Replace One HR-15 Radial tire (Remington BRAND) #76⁰⁰ new purchased 3-18-81 - MOUNT & BAL. #6⁰⁰ TOTAL #81⁰⁰

6. That the actual residence of the claimant at the time of presenting and filing this claim is 1410 NE 109TH AVE VANCOUVER WASHINGTON 98664

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was SAME AS ABOVE #6

DATED: May 29, 1981.

James C Bowman
(Claimant)

WITNESS TO THIS DAMAGE
RICHARD NIQUETTE - 2715 NE 124TH AVE - VANC WA 98664