LASER PRINTED FORM

UCC–2
COUNTY AUDITOR
Fixture Filing

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILED FOR RECORD
SKAMANIA, WASH
BY SKAMANIA CO. TITLE

JAN 19 1 10 PM '94
O. Lowry
AUDITOR
GARY M. OLSON

BOOK 140 PAGE 933

WHEN RECORDED RETURN TO:

Name Loan Service Center
1207 Washington Street
Address P.O. Box 8904
City, State, Zip Vancouver, WA 98668-8904

118541

1. Debtor(s) (last name first, and mailing address(es))	2. Secured Party(ies) and address(es)	3. Assignee(s) of Secured Party(ies) and address(es)
SEAGER, JESSIE L PO BOX 291 CARSON, WA 98610	FIRST INDEPENDENT BANK STEVENSON OFFICE PO BOX 340 STEVENSON, WA 98648-0340	

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

Lot 21, EL DESCANSO AL RIO TRACT, according to the recorded Plat thereof, recorded in Book A of Plats, Page 90, in the County of Skamania, State of 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, general intangibles, and accounts proceeds)

4. [X] 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 changed of name, identy, 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 1-4 19 94.

USE IF APPLICABLE

Recorded
Indexed
Entered
Filed
Verified

SEAGER, JESSIE L
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

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

FIRST INDEPENDENT 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

11-7-15-3-1500