

LASER PRINTED FORM

UCC-2 COUNTY AUDITOR Fixture Filing

WHEN RECORDED RETURN TO:

Name FIRST INDEPENDENT BANK

Address PO BOX 340

City, State, Zip STEVENSON, WA 98648-0340

118897

THIS SPACE PROVIDED FOR THE COUNTER'S USE:

FILED IN WASH
SKAMIA CO. WASH
BY *First Independent*

MAR 11 4 15 PM '94

P. Garry
AUDITOR
GARY M. OLSON

BOOK 141 PAGE 825

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

HATFIELD, RALPH O
HATFIELD, EDITH E
MP 1.73R LOOP ROAD
STEVENSON, WA 98648

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)

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

MP 1.73R LOOP ROAD, STEVENSON, WASHINGTON 98648 DESCRIBED IN ATTACHED EXHIBIT "A"

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), together with the following specifically described property: 1979 FLEETWOOD MOBILE HOME 64X28' SERIAL #HFL28938841308

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 March 2, 19 94

HATFIELD, RALPH O, HATFIELD, EDITH E

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

Ralph O Hatfield
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

COPY 3 - COUNTY AUDITOR

USE IF APPLICABLE

FIRST INDEPENDENT BANK

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

Donna Rush
SIGNATURE(S) OF SECURED PARTY(ES) (or assignee(s))

Registered

Indexed, Dir

Indirect

Filmed

Mailed

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON

3-7-25-3-500