

Doc # 2006161755
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Date: 05/31/2006 11:28A
Filed by: FIRST MUTUAL SAVINGS BANK
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$32.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] LOAN SERVICING 800-775-8015	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME DUNLAP	FIRST NAME KELLY	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS PO BOX 1034		CITY CARSON	STATE WA	POSTAL CODE 98610	COUNTRY US
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FIRST MUTUAL BANK					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME <i>Stacy</i>	MIDDLE NAME <i>5-30-06</i>	SUFFIX	
3c. MAILING ADDRESS PO BOX 1647		CITY BELLEVUE	STATE WA	POSTAL CODE 98009-1647	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

PARCEL: 03-08-17-4-0-1700-00

☒ FIXTURE FILING

LEGAL: Beginning at the Southwest corner of the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence North 30 feet; thence East 30 feet; thence North 1248.05 feet to the true point of beginning; thence East 208.5 feet; thence North 104.25 feet; thence West 208.5; thence South 104.25 feet to the true point of beginning.

SITUATE IN THE COUNTY OF SKAMANIA AND STATE OF WASHINGTON.

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)						
7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)				All Debtors Debtor 1 Debtor 2		
8. OPTIONAL FILER REFERENCE DATA						

Debtor: Dunlap, Kelly 51-113509-02

Skamania, WA 32-