Skamania County, WA Total: \$206.50 Pgs=4 UCC Request of:

eRecorded by: CSC Ingeo

2022-000089 01/18/2022 08:27 AM

01/18/2022 08

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS	_			
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2250 56649	$\neg 1$		<b>4</b>	
CSC 801 Adlai Stevenson Drive	•			
Springfield II 62702	led In: Washington			
∟	(Skamania)		<b>3</b>	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use 6)	exact, full name; do not omit, modify, or	THE ABOVE SPACE IS FO		
	d provide the Individual Debtor informati	on in item 10 of the Financing St	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME  Hansen	FIRST PERSONAL NAME  Matthew		ADDITIONAL NAME(S)/INITIAL(S)  James	
1c. MAILING ADDRESS 181 Mathews Rd	сіту Washougal	STATE WA	POSTAL CODE 98671	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use of				
name will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME	d provide the Individual Debtor informati	on in item 10 of the Financing St	atement Addendum (Form U	CC1Ad)
Za. ONGANIZATION S NAIVIE				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN		ne Secured Party name (3a or 3t	)	<u>'</u>
3a. ORGANIZATION'S NAME 1st Security Bank of Was	hington		_	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	NAL NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2. MAILING ADDRESS D. O. David 07000	CITY	STATE	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS P. O. Box 97000	Lynnwood	WA	98046	USA
4. COLLATERAL: This financing statement covers the following collatera Hot Tub APN: 02052000050200	al:			
5. Check only if applicable and check only one box: Collateral is held i	n a Trust (see UCC1Ad, item 17 and Ins	tructions) being administe	red by a Decedent's Persona	Representative
6a. Check only if applicable and check only one box:			if applicable and check <u>only</u> o	
Public-Finance Transaction Manufactured-Home Transa	action A Debtor is a Transmitt	ing Utility     Agricul	tural Lien Non-UCC	Filing

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

2250 56649

8. OPTIONAL FILER REFERENCE DATA: :5152091820 Hansen Debtor

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blank	$\neg$			
because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
OR			1	<b>6.</b>	
OR 9b. INDIVIDUAL'S SURNAME				W	
Hansen FIRST PERSONAL NAME					
Matthew					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-			
James		THE ABO	OVE SPACE IS	S FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and ent		ot fit in line 1b or 2b of t			
10a. ORGANIZATION'S NAME			<b>√</b> '		
OR 10b, INDIVIDUAL'S SURNAME		-	<del></del>		
133.11.57.12.5 33.11.11.11	. 6. 4				
INDIVIDUAL'S FIRST PERSONAL NAME	CXI				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	~	┪		- 4.	SUFFIX
10c. MAILING ADDRESS	loury.		I OTATE	DOCTAL CODE	COUNTRY
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PA	RTY'S NAME: Prov	ide only <u>one</u> na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	7				
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
44 1444	OLTY		CTATE	DOOTAL CODE	COUNTRY
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	-		7	ı	· ·
	- I		- 7		
	_				
	` /				
13. This FINANCING STATEMENT is to be filed [for record] (or recorded	) in the 14. This FINANCING S	STATEMENT:			
REAL ESTATE RECORDS (if applicable)	covers timber		s as-extracted c	ollateral 🗹 is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	16. Description of real	estate:			
,					
17. MISCELLANEOUS:					
Fixture Filing					

## EXHIBIT "A"

A tract of land located in the North half of the Southwest Quarter of the Northwest Quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, described as follows:

BEGINNING at the Southwest Corner of the North Half of the Southwest Quarter of the Northwest Quarter; thence East along the South Line of said North Half, a distance of 330 feet to the True Point of Beginning of this description; thence continuing East along said South Line, a distance of 264 feet; thence North parallel with the West line of said Southwest Quarter of the Northwest Quarter, a distance of 660 feet to a point on the North line of the Southwest Quarter of the Northwest Quarter; thence West along said North Line, a distance of 264 feet; thence South parallel with the West line of said Southwest Quarter of the Northwest Quarter, a distance of 660 feet to the True Point of Beginning.

ALSO KNOWN AS Lot 1 of Robert M. and Bertha P. Morson Short Plat, recorded April 25, 1979, under Auditor's File No. 88401, in Book 2 of Short Plats, Page 99. Skamania County Records, State of Washington.

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