

Skamania County, WA

Total: \$304.50

UCC

Pgs=2

2024-000469

04/23/2024 01:46 PM

Request of: TWINSTAR CREDIT UNION

00018284202400004690020025

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

SKAMANIA COUNTY

APR 22 2024

PUBLIC WORKS  
DEPARTMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>TIERNEY MORRELL 800-258-3115 X5225</b>
B. E-MAIL CONTACT AT FILER (optional) <b>LOANSUPPORTSERVICES@TWINSTARCU.COM</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>TWINSTAR CREDIT UNION PO BOX 718 OLYMPIA, WA 98507</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME <b>WHITE</b>	FIRST PERSONAL NAME <b>GARY</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>912 HEMLOCK ROAD</b>	CITY <b>CARSON</b>	STATE <b>WA</b>	POSTAL CODE <b>98610</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME <b>WHITE</b>	FIRST PERSONAL NAME <b>EILENE</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>912 HEMLOCK ROAD</b>	CITY <b>CARSON</b>	STATE <b>WA</b>	POSTAL CODE <b>98610</b>	COUNTRY <b>USA</b>

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>TWINSTAR CREDIT UNION</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>PO BOX 718</b>	CITY <b>OLYMPIA</b>	STATE <b>WA</b>	POSTAL CODE <b>98507</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**MOUTAINTOP METAL ROOFING****METAL ROOFING PER INVOICE, DATED: 04/16/2024****PARCEL NUMBER: 04072700030000****-3.00 +OR- AC PER BLA #2004154999 NOC #2004155000 10/28/2004 LOT 3 J SHEPARD SP BK 3/PG 255 -.60 AC  
CHANGE-BLA F# 152897 NOT O F CONT F# 2004152898****EXCISE NUMBER: 26028, DATED: 05/31/2006**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative		
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA:		

## UCC FINANCING STATEMENT ADDENDUM

### FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

**WHITE**

FIRST PERSONAL NAME

**GARY**

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

**WHITE, GARY  
WHITE, EILENE  
912 HEMLOCK ROAD  
CARSON, WA 98610**

**PARCEL NUMBER: 04072700030000  
-3.00 +OR- AC PER BLA #2004154999 NOC #2004155000  
10/28/2004 LOT 3 J SHEPARD SP BK 3/PG 255 -.60 AC CHANGE-  
BLA F# 152897 NOT O F CONT F# 2004152898**

**EXCISE NUMBER: 26028, DATED: 05/31/2006**

17. MISCELLANEOUS: