

Skamania County, WA  
Total: \$305.50 Pgs=3  
UCC  
Request of: CORPORATION SERVICE COMPANY (UCC)  
eRecorded by: CSC Ingeo

**2025-000408**  
03/18/2025 02:18 PM

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>CSC 1-800-858-5294</b>	
B. E-MAIL CONTACT AT SUBMITTER (optional) <b>SPRFiling@cscglobal.com</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>3074 50315 CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div> <div>Filed In: Washington (Skamania)</div>	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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>KRIEGER</b>		FIRST PERSONAL NAME <b>WENDY</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>32 FIR LANE</b>		CITY <b>COOK</b>	STATE <b>WA</b>	POSTAL CODE <b>98605</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>KRIEGER</b>		FIRST PERSONAL NAME <b>JOHNATHAN</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>32 FIR LANE</b>		CITY <b>COOK</b>	STATE <b>WA</b>	POSTAL CODE <b>98605</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>1st Security Bank of Washington</b>					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>P. O. Box 97000</b>		CITY <b>Lynnwood</b>	STATE <b>WA</b>	POSTAL CODE <b>98046</b>	COUNTRY <b>USA</b>

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

APN: 03091130160000

**LEGAL:** The South 104 feet of the West 209 feet of the following described tract, to wit:

The portion of the South half of the Southeast Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows;  
Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter of the said Section 11; thence North 290 feet to the initial point of the tract hereby described; thence Easterly parallel to the South line of the said Section 11 a distance of 650 feet; thence North 370 feet, more or less, to the North line of the South half of the Southeast Quarter of the Southwest Quarter of the said Section 11; thence West along the North line 650 feet to the Northwest corner of the South half of the Southeast Quarter of the Southwest Quarter of the said Section 11; thence South 370 feet, more or less, to the initial point

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: <b>5153004480 KRIEGER (DEBTOR)</b>					

3074 50315

# 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

KRIEGER

FIRST PERSONAL NAME

WENDY

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:

The South 104 feet of the West 209 feet of the following described tract, to wit:

The portion of the South half of the Southeast Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows;

Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter of the said Section 11; thence North 290 feet to the initial point of the tract hereby described; thence Easterly

17. MISCELLANEOUS:  
FIXTURE FILING

# UCC FINANCING STATEMENT ADDENDUM

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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 ☐

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9b. INDIVIDUAL'S SURNAME

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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

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16. Description of real estate:

parallel to the South line of the said Section 11 a distance of 650 feet; thence North 370 feet, more or less, to the North line of the South half of the Southeast Quarter of the Southwest Quarter of the said Section 11 ; thence West along the North line 650 feet to the Northwest corner of the South half of the Southeast Quarter of the Southwest Quarter of the said Section 11; thence South 370 feet, more or less, to the initial point

17. MISCELLANEOUS: