

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>C/O Marianne Borchgrevink Claussen</b>  |
| B. E-MAIL CONTACT AT FILER (optional)  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>C/O Marianne Borchgrevink Claussen<br/>Narudvegen 242<br/>Brumunddal NO 2386</b> |

Date of Filing : 02/23/2021  
Time of Filing : 02:53:00 AM  
File Number : 2021-054-9322-4  
Lapse Date : NONE

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<br><b>CLAUSSEN CESTUI QUE TRUST.</b> | FIRST PERSONAL NAME<br><b>MARIANNE</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>BORCHGREVINK</b> | SUFFIX               |
| 1c. MAILING ADDRESS<br><b>NARUDVEGEN 242</b> | CITY<br><b>BRUMUNDDAL</b>                                     | STATE                                  | POSTAL CODE<br><b>[2386]</b>                         | COUNTRY<br><b>NO</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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS     | CITY                     | STATE               | POSTAL CODE                   | COUNTRY |

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                      |   |   |   |                      |
| OR   | 3b. INDIVIDUAL'S SURNAME<br><b>: Claussen.©</b> | FIRST PERSONAL NAME<br><b>:Marianne</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>-Borchgrevink</b> | SUFFIX               |
| 3c. MAILING ADDRESS<br><b>Narudvegen 242</b> | CITY<br><b>Brumunddal</b>                       | STATE                                   | POSTAL CODE<br><b>[2386]</b>                          | COUNTRY<br><b>NO</b> |

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

All of Debtors assets, land and personal property, and all of Debtors interest in said assets, land and personal property, now owned and hereafter acquired, now existing and hereafter arising, and wherever located, described fully in Security Agreement No. MBC 230221\_SA dated Twenty-third Day of the Second Month in the year of our Christ Two Thousand and Twenty-one. Inquiring parties may consult directly with the Debtor for ascertaining, in detail, the financial relationship and contractual obligations associated with this commercial transaction. Identified in Security Agreement referenced above.  
Adjustment of this filing

|  |  |
|--|--|
| 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:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input checked="" type="checkbox"/> A Debtor is a Transmitting Utility            |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><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 checked="" type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |
| 8. OPTIONAL FILER REFERENCE DATA:<br><b>This FINANCING STATEMENT is to be filed [for record] in the REAL ESTATE RECORDS, Attached Addendum.</b>  |  |



4. This FINANCING STATEMENT covers the following collateral:

is in accord with House Joint Resolution 192 of June 5th 1933 and UCC1-103 and 1-104. Secured Party accepts Debtors signature in accord with UCC1-102 (39), 3-401 (b)  
Debtor is a Transmitting Utility.



# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                                |  |   |
|--------------------------------|--|---|
| 9a. ORGANIZATION'S NAME<br>N/A |  |   |
| OR                             | 9b. INDIVIDUAL'S LAST NAME<br>CLAUSSEN | FIRST NAME<br>MARIANNE<br>MIDDLE NAME, SUFFIX<br>BORCHGREVINK |

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|   |                                   |                           |                                   |   |
|---|-----------------------------------|---------------------------|-----------------------------------|---|
| 11a. ORGANIZATION'S NAME<br>N/A         |                                   |                           |                                   |   |
| OR                                      | 11b. INDIVIDUAL'S LAST NAME       | FIRST NAME                | MIDDLE NAME                       | SUFFIX  |
| 11c. MAILING ADDRESS                    |                                   | CITY                      | STATE                             | POSTAL CODE<br>COUNTRY  |
| 11d. SEE INSTRUCTIONS<br>Not Applicable | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

## 12. ☒ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|  |   |                         |                              |  |
|--|---|-------------------------|------------------------------|--|
| 12a. ORGANIZATION'S NAME<br>N/A        |   |                         |                              |  |
| OR                                     | 12b. INDIVIDUAL'S LAST NAME<br>: Claussen.© | FIRST NAME<br>:Marianne | MIDDLE NAME<br>-Borchgrevink | SUFFIX                                 |
| 12c. MAILING ADDRESS<br>Narudvegen 242 |   | CITY<br>Brumunddal      | STATE                        | POSTAL CODE<br>[2386]<br>COUNTRY<br>NO |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

Trade-Name: MARIANNE BORCHGREVINK CLAUSSEN©  
Name :Marianne-Borchgrevink: Claussen.©

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

17. Check only if applicable and check only one box

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box

- ☒ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years  
☐ Filed in connection with a Public-Finance Transaction — effective 30 years



**Uniform Commercial Code**  
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**UCC1 Receipt of Initial Financing Statement**

|                       |  |
|-----------------------|--|
| File Number           | <b>2021-054-9322-4</b>   |
| File Date/Time        | 2/23/2021 2:53:00 AM   |
| Lapse Date            | NONE   |
| Initial Record Number | 2021-054-9322-4  |
| Filing Office         | WA DOL   |
| File Status           | Accepted   |
| Debtor                | MARIANNE BORCHGREVINK CLAUSSEN CESTUI QUE TRUST.<br>BRUMUNDDAL, [2386] |
| Secured Party         | :Marianne -Borchgrevink : Claussen.© Brumunddal, [2386]                |
| Fee Amount (\$US)     | \$34.00  |

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