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WASH DC RECORDER OF DEEDS
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RECORDER OF DEEDS

Doc Type: EFINANCING

PROCESSING	\$	5.00
E-RECORD	\$	25.00
ESURCHARGE	\$	6.50

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Heather Ann Tucci-Jarraf 2535094597	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Heather Ann Tucci-Jarraf (253) 509-4597 Gig Harbor, WA 98335	

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 MILLER		FIRST NAME CHARLES	MIDDLE NAME C (INIT'L)	SUFFIX	
1c. MAILING ADDRESS 1402 Auburn Way N. #416			CITY Auburn	STATE WA	POSTAL CODE 98002-3384	COUNTRY UNITED STATES
1d. TAX ID #: SSN OR EIN unknown	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION natural person	1f. JURISDICTION OF ORGANIZATION public/people's	1g. ORGANIZATIONAL ID #, if any unknown <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 THE UNITED STATES OF AMERICA [PUBLIC TRUST, 1776]						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS general delivery			CITY washington	STATE DC	POSTAL CODE NONE	COUNTRY UNITED STATES

4. This FINANCING STATEMENT covers the following collateral:

Private ownership of full right, title, interest and ownership, to Commercial Registry, Uniform Commercial Code, PL 88-243, 77 stat 630, duly secured by Charles C. Miller, under receipt # 36090, Doc # 2000043135, May 4, 2000, duly executed by original instrument with original signature and seal of Grantor, Charles C: Miller, gifted to the One People, Grantee, and recorded by assignment under Doc # 20111125781 by Grantor, on December 20, 2011, with actual transfer of original instrument of gift to Grantee, duly accepted by Grantee, specifically Heather Ann Tucci-Jarraf, a natural person, One of the One People, domicil by choice on the state of Washington, from the date of issuance, December 20, 2011; actual original instrument of gift held in custody by duly bonded Trustee of the One People's Public Trust 1776, The United States of America, from date of transfer, December

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

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UCC FINANCING STATEMENT ADDENDUM

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

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
MILLER	CHARLES	C (INIT'L)

10. MISCELLANEOUS:

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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				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <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				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

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:

20, 2011; bond duly secured under Doc.
#2012012555.

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