

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200903300165

Skagit County Auditor

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## A. NAME & PHONE OF CONTACT AT FILER (optional)

Diligenz, Inc. 1-800-858-5294

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

41076269

Prepared by:

Diligenz, Inc.  
6500 Harbour Heights Pkwy, Suite 400  
Mukilteo, WA 98275

Filed In: Washington Skagit

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
200610050078 10/5/2006

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed (for record) (or recorded) in the  
☒ REAL ESTATE RECORDS

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ **CHANGE** name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.

☐ **DELETE** name: Give record name to be deleted in item 6a or 6b.

☐ **ADD** name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable).

## 6. CURRENT RECORD INFORMATION:

### 6a. ORGANIZATION'S NAME

SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

### 7a. ORGANIZATION'S NAME

SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

### 7c. MAILING ADDRESS

1400 EAST KINCAID STREET

### CITY

MOUNT VERNON

### STATE

WA

### POSTAL CODE

98274

### COUNTRY

USA

### 7d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

### 7e. TYPE OF ORGANIZATION

CORPORATION

### 7f. JURISDICTION OF ORGANIZATION

WA

### 7g. ORGANIZATIONAL ID #, if any

600052359

☐ NONE

## 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☒ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

SEE ADDENDUM

P 52385

SWSE 20/34/4

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

### 9a. ORGANIZATION'S NAME

Whidbey Island Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

41076269

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Whidbey Island Bank

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DESCRIPTION OF REAL ESTATE

PARCEL #P26678

W 40 FT OF S 115 FT OF E 216 FT OF E 60 RDS DK 1 OF S 40 RDS OF SE NW LY N OF DIV ST & W 5.48 FT OF S 115 FT OF E 221.48 FT

NAME AND ADDRESS OF RECORD OWNER

RUSS & BILL INVESTMENTS LLC

1003 WEST DIVISION STREET MOUNT VERNON, WA. 98273

DESCRIPTION OF REAL ESTATE

PARCEL #P52385

THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 34 NORTH, RANGE 4 EAST, WM, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT 30.83 FEET SOUTH OF THE NORTHWEST CORNER OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER; THENCE NORTH 894835 EAST, PARALLEL TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER 203.81 FEET, MORE OR LESS, TO THE NORTHERLY EXTENSION OF THE EAST LINE (EAST FACE OF BUILDING) OF THE EXISTING MEDICAL BUILDING AS THE SAME EXISTS ON JANUARY 1, 2007 AND THE TRUE POINT OF BEGINNING THENCE SOUTH 02216 EAST, ALONG THE LINE OF THE EAST FACE OF THE EXISTING BUILDING AND THE SAME PROJECTED A DISTANCE OF 73.95 FEET, THENCE NORTH 894739 EAST 99.89 FEET TO THE WEST MARGIN OF SOUTH STREET; THENCE NORTH 10902 WEST, ALONG SAID LINE, 73.94 FEET TO A POINT WHICH LIES NORTH 894835 EAST FROM THE TRUE POINT OF BEGINNING; THENCE SOUTH 894835 WEST 98.89 FEET TO THE TRUE POINT OF BEGINNING. THE BASIS OF BEARING FOR THE ABOVE LEGAL DESCRIPTION IS NORTH 10635 WEST BETWEEN THE FOUND SOUTH QUARTER CORNER AND THE FOUND AND ACCEPTED 1/16TH CORNER ON KINCAID STREET. SITUATED IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON. (AKA PARCEL B ON QUIT CLAIM DEED RECORDED UNDER AF#200702130060).

NAME AND ADDRESS OF RECORD OWNER

SKAGIT VALLEY REAL ESTATE PARTNERSHIP, LLP

1400 EAST KINCAID STREET MOUNT VERNON, WA. 98274



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