202404260014

04/26/2024 08:57 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2816 74626 CSC				
201 Adlai Stayanan Driva	d In: Washington			
Springfield, IL 62703	(Skagit)			
SEE BELOW FOR SECURED PARTY CONTACT INFO			SPACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202204220079 04/22/2022		b. This FINANCING STAT (or recorded) in the RE. (Form UCC3Ad) and pr	EMENT AMENDMENT is to be filed [for r AL ESTATE RECORDS. Filer: attach Ame ovide Debtor's name in item 13.	ecord] endment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with resp	ect to the security interest(s) of	Secured Part(y)(ies) authorizing this Terr	nination Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and addre For partial assignment, complete items 7 and 9; check ASSIGN Collateral			3	
CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	above with respect to the s	ecurity interest(s) of Secured P	arty authorizing this Continuation Statement	ent is continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	heck one of these three box			
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	a or 7b <u>and</u> item 7c7a o	name: Complete item DELETE nar 7b, <u>and</u> item 7c to be deleted	ne: Give record name I in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide only one	name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AI NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Howlett	John			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	nformation Change - provide only	ne name (7a or 7b) (use exact, full na	l me; do not omit, modify, or abbreviate any part of th	e Debtor's name)
7a. ORGANIZATION'S NAME				
OR THE INDIVIDUAL OF CHIDNAME				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
- ·-			e record is limited to certain collateral and describe	_
Collateral: 17 windows 1 door				
APN: P69646				
Legal: THE LAND REFERRED TO HEREIN BELOW WASHINGTON. AND IS DESCRIBED AS FOLLOWS		THE COUNTY OF S	KAGIT. STATE OF	
LOTS 41 AND 42. "SNEE-OOSH. SKAGIT COUNTY		PLAT RECORDED	IN VOLUME 4 OF PLATS.	
PAGE 50. RECORDS OF SKAGIT COUNTY. WASH				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			name of Assignor, if this is an Assignment	
If this is an Amendment authorized by a DEBTOR, check here and prov 9a. ORGANIZATION'S NAME 1st Security Bank of Wash	vide name of authorizing Deington	btor		
OR 9b. INDIVIDUAL'S SURNAME	EIDET DEBOOM	NI NIAME	ADDITIONAL NAME/OVINITIAL/OV	POLICEIN
AD INDIVIDUAL 2 SUKNAME	FIRST PERSON.	AL INAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: :5152167270 How	vlett "Debtor"		-	2816 7462

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202204220079 04/22/2022 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME 1st Security Bank of Washington 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Howlett Barbara OTHER INFORMATION (Please Describe) 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR TOWNSHIP 34 NORTH. RANGE 2 EAST, W.M., LYING NORTH OF LOT 42. "SNEE-OOSH, SKAGIT COUNTY, WASH." 15. This FINANCING STATEMENT AMENDMENT: 7. Description of real estate: THE LAND REFERRED TO HEREIN BELOW IS covers timber to be cut covers as-extracted collateral in tem 17 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): covers timber to be cut is filed as a fixture filing SITUATED IN THE COUNTY OF SKAGIT. STATE OF WASHINGTON. AND IS DESCRIBED AS FOLLOWS: LOTS 41 AND 42. "SNEE-OOSH. SKAGIT COUNTY, WASH." AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 50, RECORDS OF SKAGIT COUNTY. WASHINGTON. AND ALL THAT PART OF LOT 4. SECTION 27. TOWNSHIP 34 NORTH. RANGE 2 EAST, W.M., LYING NORTH OF LOT 42. "SNEE-OOSH, SKAGIT COUNTY, WASH." 18. MISCELLANEOUS: Fixture Filing