



200405170175

Skagit County Auditor

5/17/2004 Page 1 of 2 10:38AM

Return Address:

FRONTIER BANK

PO BOX 1124

MOUNT VERNON WA 98273

UCC 5 CHANGE FORM (County Auditor)

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): <u>199909290050</u>		
Debtor(s) (Assignor): (1) _____		(2) _____ Addl. on pg _____
Secured Party(ies) (Assignee): (1) _____		(2) _____ Addl. on pg _____
Legal Description (abbreviated): _____		
Addl. legal is on pg _____ Assessor's Property Tax Parcel /Account # _____		

1. Debtor(s): (last name first, and mailing address(es))

THE SYBRANDY FAMILY TRUST
17089 FIR ISLAND RD
MOUNT VERNON WA 98273

2. Secured Party(ies) and address(es):

FRONTIER BANK
PO BOX 1124
MOUNT VERNON WA 98273

3. Assignee(s) of Secured Party(ies) and address(es):

4. This statement refers to original UCC-2 number 199909290050 Dated 9-29-1999
5. ☐ Number of additional sheets attached: _____
6. ☒ CONTINUATION. The original UCC-2 between the foregoing Debtor(s) and Secured Party(ies) bearing auditors receiving number shown above is still effective.
- ☐ FULL ASSIGNMENT. All of the Secured Party's rights under the UCC-2 bearing auditors receiving number shown above have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.
- ☐ PARTIAL ASSIGNMENT. The Secured Party's rights under the UCC-2 bearing auditors receiving number shown above to the property DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.
- ☐ AMENDMENT. UCC-2 bearing auditors receiving number shown above is amended AS SET FORTH BELOW.
- ☐ PARTIAL RELEASE. Secured Party(ies) releases the collateral DESCRIBED BELOW from the UCC-2 bearing auditors receiving number shown above.
- ☐ TERMINATION. Secured Party(ies) no longer claims a security interest under the UCC-2 bearing auditors receiving number shown above.



UCC 5 Change Form (County Auditor)

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

DESCRIPTION:

7. DATED:

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))
(Required if amendment)

FRONTIER BANK

TYPE NAME(S) OF SECURED PARTY(IES)
(or assignee(s))

Beth Miller

SIGNATURE OF SECURED PARTY(IES) (or assignee(s))



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