



200510100017
Skagit County Auditor

10/10/2005 Page 1 of 2 9:35AM

Return Address:

**Frontier Bank
Mount Vernon Office
P.O. Box 1124
Mount Vernon, WA 98273**

.....
Document Title

UCC5 – Change Form- Termination

19990929 0050

.....
Grantor(s)

The Sybrandy Family Trust

.....
Grantee(s)

Frontier Bank

.....
Legal Description

Parcel A:

That portion of the Southeast ¼ of the Northwest ¼ and of Government Lot 2 in Section 18, Township 33 North, Range 4 East, W.M., lying North of a line drawn parallel with and 685.3 feet North of the South line of said subdivision, EXCEPT drainage ditch and dike rights of way, and EXCEPT roads. Situate in the County of Skagit, State of Washington

Parcel B:

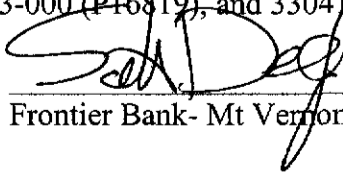
That portion of the Southeast ¼ of the Northwest ¼ and of Government Lot 2 in Section 18, Township 33 North, Range 4 East, W.M., lying South of a line drawn East and West through said Government Lot 2 and the Southeast ¼ of the Northwest ¼, parallel with and 685.3 feet North of the South line of said Southeast ¼ and Government Lot 2, EXCEPT County road, dike and ditch rights of way, AND EXCEPTING THEREFROM the following described tract:

Beginning at the Southeast corner of said Southeast ¼ of the Northwest ¼;
thence North 0°35' East, 165.4 feet along the East line of said Southeast ¼;
thence South 54°21' West, 92.2 feet;
thence South 49°02' West, 143 feet;
thence West parallel with the South line of said Southeast ¼, 409 feet;
thence North 56°30' West, 165 feet;
thence North 70°37' West, 150 feet;
thence South 52°34' West, 140 feet;
thence South 71°28' West to the South line of said Southeast ¼;
thence East to the point of beginning.

Situate in the County of Skagit, State of Washington.

.....
Assessor's Property Tax Parcel/Account Number

330418-2-004-0017 (P16820), 330418-2-003-000 (P16819), and 330418-2-005-000 (P16755)


Frontier Bank- Mt Vernon Office

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Frontier Bank
Mount Vernon Office
P.O. Box 1124
Mount Vernon, WA 98273

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
1999-0929-0050
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. [checked]

2. [checked] 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
The Sybrandy Family Trust
OR
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:
7a. ORGANIZATION'S NAME
OR
7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any [] NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral [] deleted or [] added, or give entire [] restated collateral description, or describe collateral [] assigned.

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
Frontier Bank- Mount Vernon Office
OR
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA



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