

9b. INDIVIDUAL'S LAST NAME

10, OPTIONAL FILER REFERENCE DATA



Skagit County Auditor UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY 1/31/2006 Page 1 of 2 8:44AM A. NAME & PHONE OF CONTACT AT FILER [optional] (800) 775-8015 CONSUMER LOAN SERVICING B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE WA 98009-1647 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT IS 1a. INITIAL FINANCING STATEMENT FILE # to be filed (for record) (or recorded) in the 200305120168 **NEAL 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. 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. 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable) DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SLIFFIX JONES JOYCE 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE COUNTRY 7c MAH ING ADDRESS 71. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. WINDOWS PARCEL: 25027 LEGAL: SEE ATTACHMENT A 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 and enter name of DEBTOR authorizing this Amendment. adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 9a. ORGANIZATION'S NAME مارا FIRST MUTUAL BANK

DEBTOR; 51-109775-05 JONES, JOYCE & SIEBERT, RAYMOND

FIRST NAME

MIDDLE NAME

Attachment A 9775 Legal Description

TRACT A OF CITY OF MOUNT VERNON SHORT PLAT MV-3-81, APPROVED JANUARY 15, 1981, RECORDED JANUARY 15, 1981, IN VOLUME 5 OF SHORT PLATS, PAGE 24, UNDER AUDITOR'S FILE NO. 8101150066, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTOIN OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN;

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



