

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 8389 ACC

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

16151476

WAWA
FIXTURE

200812100044

Skagit County Auditor

12/10/2008 Page 1 of 3 12:32PM

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
200312160012 12/16/03 CC WA Skagit1b. 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 the 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 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.☐ **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 7d-7g (if applicable)6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Kiser

Sandra

L.

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 INSTRUCTION

ADD'L INFO RE:
ORGANIZATION
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☐ NONE8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

APN: P111069. Auditor number 200303020030. LEGAL: Building only on Port R/P P35352. 15272 FLIGHTLINE RD CHUCKANUT AVIATION. RANGE:03E, TOWNSHIP:35N, SECTION:34, LOT:909

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

Santa Barbara Bank & Trust

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

16151476 Debtor Name: Kiser, Sandra L. CA0803-1

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

200312160012 12/16/03 CC WA Skagit

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

12a. ORGANIZATION'S NAME
Santa Barbara Bank & Trust

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

Recorded Owner: Skagit County

Description: See attached Legal Land Description, auditor number 200303020030



200812100044

Skagit County Auditor

12/10/2008 Page 2 of 3 12:32PM

NOTES

References

[Handwritten signatures and initials are present over the typed text.]

Abstract

THESE ARE THE CERTAIN

WAS IN CONTACT WITH ALL LOCAL PROSECUTIVE AGENCIES AND
LOCAL NEWS MEDIA. A COPY OF THE
ALAC MEMO DATED 1/24/78 WAS FURNISHED TO ALL PROSECUTIVE AGENCIES
FOR THEIR INFORMATION AND FOR THEIR COOPERATION IN THE
PENDING OF ANY OTHER CASES INVOLVING THE SUBJECT.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/01 BY 60322 UCBAW

THE NEW YORK PUBLIC LIBRARY

1. Name of the person: **JOHN DOE**
 2. Address: **123 Main St, New York, NY 10001**
 3. Phone Number: **(212) 555-1234**
 4. Email Address: **john.doe@example.com**
 5. Date of Birth: **01/01/1980**
 6. Social Security Number: **123-45-6789**
 7. Date of Issue: **01/01/2020**
 8. Validity Period: **12 Months**
 9. Issued By: **ABC Company**
 10. Signature: **[Signature]**
 11. Stamp: **ABC COMPANY**
 12. Notes: **For internal use only.**

North - Chapel Avenue

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Skagit County Auditor

Page

3 8:52AM



200812100044
Skagit County Auditor

12/10/2008 Page

3 of

3 12:32PM