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A NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141						### \$18 184 186 864 19 188	
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B. SEND ACKNOWLEDGEMENT TO:	(Name and Mailing Address) 8389 ACC			Skagit Coun		
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CT Lien Solutions		161514	76	-			
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Glendale, CA 91209-9071			RE ,			• • • • • • • • • • • • • • • • • • • •	
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1a. INITIAL FINANCING STATEM 200312160012 12/16/	MENT FILE # /03 CC WA Skagit			· · · · · · · · · · · · · · · · · · ·	1b. This FINAN Io be filed (for REAL ESTA	CING STATEMENT AMENDMENT is or record] (or recorded) in the ITE RECORDS.	
	_ <u> </u>	the state of the s				uthorizing this Termination Statement.	
B. X CONTINUATION: Effection continued for the additional pe			e with respect to the	e security interest(s) of the	Secured Party authorizing	this Continuation Statement is	
I. ASSIGNMENT (full or par	tial): Give name of assign	ee in item 7a or 7b	and address of	assignee in 7c; and also	give name of assignor	in item 9.	
5. AMENDMENT (PARTY INFOR Also check one of the followin CHANGE name and/or address name (if name change) in item	ng three boxes and providess: Give current record name	le appropriate info	mation in items (red Party of record. Check 3 and/or 7. DELETE name: Give reco to be deleted in item 6a o	ord name (ADD nar	es. ne: Complete item 7a or 7b. and also also complete items 7d-7g (if applicable	
3. CURRENT RECORD INFORM.		s (II addicess criainge)		to be deleted in join of a			
6a. ORGANIZATION'S NAME							
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX			
Kiser		<u>.</u>	Sandra	<u> </u>	L.		
7a: ORGANIZATION'S NAME	INFORMATION:						
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	SUFFIX	
c. MAILING ADDRESS			CITY		STATE POST	AL CODE COUNTRY	
	VIZATION	ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGANIZATIĆ	NAL ID #, if any	
. AMENDMENT (COLLATERAL	. CHANGE): check only o	_	<u> </u>		3 /2		
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 NAME OF SECURED PARTY (adds collateral or adds the authorized) 	OF RECORD AUTHORIZI zing Deblor, or if this is a Terr	NG THIS AMENDI nination authorized by	MENT (name of as y a Debtor, check h	signor, if this is an Assignrere and enter name of	nent). If this is an Amendm DEBTOR authorizing this	ent authorized by a Debtor which Amendment	
9a. ORGANIZATION'S NAME Santa Barbara Bank & T	rust						
OR	***				<u> </u>		

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

CA0803-1

10. OPTIONAL FILER REFERENCE DATA 16151476 Debtor Name: Kiser, Sandra L.

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 Barik & Trust OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: Skagit County
 Description: See attached Legal Land Description, auditor number 200303020030

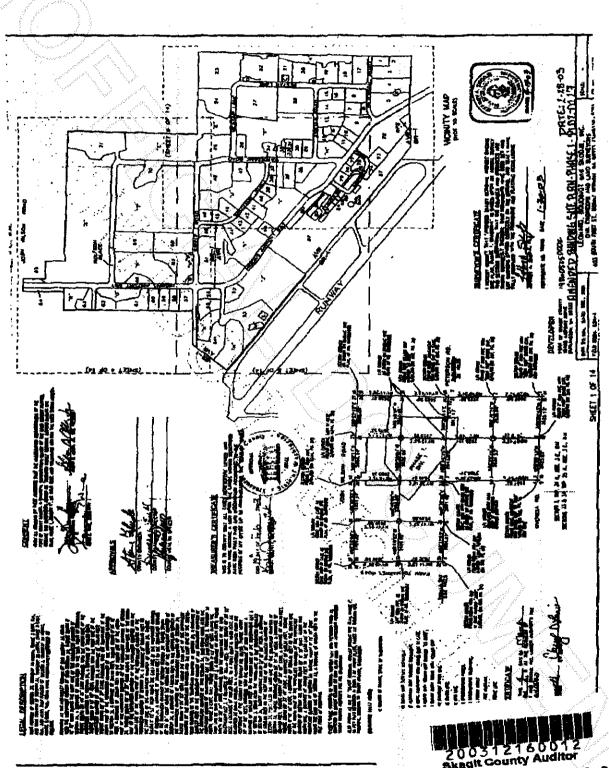


Skagit County Auditor

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