

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200905280108

Skagit County Auditor

5/28/2009 Page 1 of 1 11:19AM

A. NAME & PHONE OF CONTACT AT FILER [optional]  
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 10011 10011-BANK OF

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

18804657

WAWA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
8607247001 07/24/86 CC WA Skagit

1b. 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 G LEO WOLDEN			
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 INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
			7g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

## 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral: ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

PIN: 3867-000-010-0103 & 3867-000-011-0201, LOTS 52 AND 53, TRACT 1, PEAVEY'S ACREAGE, TRACTS NO. 1 AND 2, SECTIONS 17, 20, 21, 22 AND 28, TOWNSHIP 35 NORTH, TANGE 5 EAST OF THE WILLAMETTE MERIDIAN, ACCORDING TO THE PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 37, RECORDS OF SKAGIT COUNTY, WASHINGTON. GOVERNMENT LOT 10, SECTION 21; GOVERNMENT LOT 4, SECTION 28 AND THE N 1/2 NE 1/4 OF SECTION 29, ALL IN TOWNSHIP 35 NORTH, RANGE EAST OF THE WILLAMETTE MERIDIAN, EXCEPT ROADS.

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 Bank of America, N.A.			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

18804657 Debtor Name: G LEO WOLDEN 16-0000762882 001:0002294:000653501