

POOR ORIGINAL



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Skagit County Auditor

3/4/2013 Page 1 of 2 4:02PM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Corporation Service Company 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

73952122 - 305020

Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703-4261

Filed In: Washington Skagit

LAND TITLE OF SKAGIT COUNTY

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

200610050078 10/5/2006

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 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 8.

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

OR SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

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

OR Whidbey Island Bank

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

SKAGIT VALLEY MEDICAL CENTER, INC. P.S./XXXXX4381

73952122

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as Item 1a on Attachment form)

200610050078 10/5/2006

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as Item 8 on Attachment form)

12a. ORGANIZATION NAME Whidbey Island Bank

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

DEBTOR: SKAGIT VALLEY MEDICAL CENTER, INC. P.S., 1400 E KINCAID STREET, MOUNT VERNON, WA 98273

SECURED PARTY: WHIDBEY ISLAND BANK, PO BOX 1589, OAK HARBOR, WA 98277

DESCRIPTION OF REAL ESTATE:

PARCEL #P28876

W 40 FT OF S 115 FT OF E 216 FT OF E 60 RDS DK 1 OF S 40 RDS OF SE NW LY N OF DIV S T & W 5.48 FT OF S 115 FT OF E 221.48 FT

NAME AND ADDRESS OF RECORD OWNER

RUSS & BILL INVESTMENTS LLC

1003 WEST DIVISION STREET MOUNT VERNON, WA. 98273

DESCRIPTION OF REAL ESTATE:

PARCEL #P52385

THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 34 NORTH, RANGE 4 EAST, WM, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT 30.83 FEET SOUTH OF THE NORTHWEST CORNER OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER; THENCE NORTH 894835 EAST, PARALLEL TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER 203.81 FEET, MORE OR LESS, TO THE NORTHERLY EXTENSION OF THE EAST LINE (EAST FACE OF BUILDING) OF THE EXISTING MEDICAL BUILDING AS THE SAME EXISTS ON JANUARY 1, 2007 AND THE TRUE POINT OF BEGINNING THENCE SOUTH 02216 EAST, ALONG THE LINE OF THE EAST FACE OF THE EXISTING BUILDING AND THE SAME PROJECTED A DISTANCE OF 73.95 FEET, THENCE NORTH 894739 EAST 99.89 FEET TO THE WEST MARGIN OF SOUTH STREET; THENCE NORTH 10602 WEST, ALONG SAID LINE, 73.94 FEET TO A POINT WHICH LIES NORTH 894835 EAST FROM THE TRUE POINT OF BEGINNING; THENCE SOUTH 894835 WEST 98.89 FEET TO THE TRUE POINT OF BEGINNING. THE BASIS OF BEARING FOR THE ABOVE LEGAL DESCRIPTION IS NORTH 10635 WEST BETWEEN THE FOUND SOUTH QUARTER CORNER AND THE FOUND AND ACCEPTED 1/16TH CORNER ON KINCAID STREET. SITUATED IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON. (AKA PARCEL B ON QUIT CLAIM DEED RECORDED UNDER AF#200702130060).

NAME AND ADDRESS OF RECORD OWNER

SKAGIT VALLEY REAL ESTATE PARTNERSHIP, LLP

1400 EAST KINCAID STREET MOUNT VERNON, WA. 98274

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT ADDENDUM (FORM UCC3Ad) (REV. 07/29/96)



201303040252

Skagit County Auditor