



Skagit County Auditor

\$72.00

UCC FINANCING STATEMENT AMENDMENT 1 8:37AM 1 of 11/13/2013 Page **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) **LOAN SERVICING** 800-775-8015 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) WASHINGTON FEDERAL SAVINGS 425 PIKE ST SEATTLE, WA 98101 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201303290034 3/29/13 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 🗹 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, <u>and</u> item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **HOOVER-LLEWELLYN** NANCY CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name) 7a ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: RESTATE covered collateral ADD collateral DELETE collateral ASSIGN collateral Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here [] and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME 10/30/2013 WASHINGTON FEDERAL SAVINGS

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA:

9b. INDIVIDUAL'S SURNAME

OR

DEBTOR: HOOVER-LLEWELLYN 272462-3

ADDITIONAL NAME(S)/INITIAL(S)

SKAGIT, WA