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UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) **LOAN SERVICING** 800-324-9375 B. E-MAIL CONTACT AT FILER (optional) **Skagit County Auditor** \$72.00 2/3/2014 Page 1 of 1 8:35AM 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 b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 18. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 200412020136 12/2/04 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 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner 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: ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c 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 ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 6b. INDIVIDUAL'S SURNAME G CROYDON FREDERIC 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a. or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 7a, ORGANIZATION'S NAME OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS DELETE collateral ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral RESTATE covered collateral indicate collateral: ADDITIONAL DEBTOR: MARPLE, GALE M 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 in and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME 01/29/2014 WASHINGTON FEDERAL SAVINGS OR SUFFIX ADDITIONAL NAME(S) MITIAL(S) 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 10. OPTIONAL FILER REFERENCE DATA: SKAGIT, WA DEBTOR: CROYDON, 296308-0