



**RECORDING REQUESTED BY AND  
WHEN RECORDED, RETURN TO:**

Barbara Thompson  
Nationwide Health Properties, LLC  
10350 Ormsby Park Place, Suite 300  
Louisville, KY 40223

**UCC-3 FINANCING STATEMENT AMENDMENT**  
**(#1713 Birchview)**

**GRANTOR(s):** HSP INVESTMENTS I, LLC, a Washington limited liability company

**GRANTEE(s):** NATIONWIDE HEALTH PROPERTIES, INC.,  
a Maryland corporation

201106240008  
**ABBREVIATED LEGAL  
DESCRIPTION(s):**

Lots 1 through 15 and 17 through 30, Block 115, Plat of the  
Town of Sedro, recorded in Vol. 1 of Plats, Page 18

**ASSESSOR'S TAX ACCOUNT  
PARCEL NUMBER(s):**

4152-115-010-0002  
4152-115-015-0007  
4152-115-030-0008

UNOFFICIAL DOCUMENT

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**Barbara Thompson (502) 357-9036**

B. E-MAIL CONTACT AT FILER (optional)  
**bthompson@ventasreit.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Barbara Thompson  
 Nationwide Health Properties, LLC  
 10350 Ormsby Park Place, Suite 300  
 Louisville, KY 40223**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**201106240008 6/24/2011**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS 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 Statement

3.  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

4.  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:  
 Check one of these two boxes:  Debtor or  Secured Party of record  
 AND Check one of these three boxes to:  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, and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME  
**HSP Investments I, LLC**

OR

6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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  
**HSP Investments I, LLC**

OR

7b. INDIVIDUAL'S SURNAME  
 INDIVIDUAL'S FIRST PERSONAL NAME  
 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**1201 Pacific Avenue, Suite 450 Tacoma WA 98402 USA**

8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:



201406030031

Skagit County Auditor \$73.00  
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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  
**Nationwide Health Properties, Inc.**

OR

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:  
**#171 Birchview - Skagit County WA**