

## 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 C. SEND ACKNOWLEDGMENT TO: (Name and Address) 6/23/2014 Page 1 9:12AM WASHINGTON FEDERAL 425 PIKE ST SEATTLE, WA 98101 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY I a. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 201003100039 3/10/2010 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 collegeral 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: AND Check one of these three boxes to: Check one of these two boxes: 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 CHANGE name and/or address: Complete item 68 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 OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX WEYMOUTH KIM CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide cody, page frame (18 or 7b) [use exact, full name, do not omit modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE BOSTAL CODE COUNTRY 6. COLLATERAL CHANGE: Also check one of these four boxes: ASSIGN collateral ADD collateral DELETE collateral RESTATE covered collateral ADDITIONAL DEBTOR: WEYMOUTH, ALISON 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only goe 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 WASHINGTON FEDERAL 6/11/2014 9b, INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL 10. OPTIONAL FILER REFERENCE DATA: **DEBTOR: WEYMOUTH, 364343-4** SKAGIT, WA \$72.00