



Skagit County Auditor 3/2/2015 Page

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\$72.00 1 10:43AM

FOLLOW INSTRUCTIONS	11			
A. NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 800-775-8015		1		
B. E-MAIL CONTACT AT FILER (optional)		-		
		_		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
FIRST MUTUAL SALES FINANCE		·		
PO BOX 1647				
BELLEVUE, WA 98009		THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907290065 7/29/09	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attact) Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
2. TERMINATION: Effectiveness of the Financing Statement identified abording statement	ve is terminated	with respect to the security inte	rest(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assigned in item 7a or :	7b. and address (of Angianas in item To and same	of Assigner in Hom G	
For partial assignment, complete items 7 and 9 and also indicate affected	collateral in item	8 8	a of Assignor III tell 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bave with respec	t to the security interest(s) of S	ecured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	7 /	ı		
Check one of these two boxes.	<u>ne</u> of these three b .NSE rame and/or	address: CompleteADD r	name: Complete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record Items	6a c₹6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7	7b, and item 7c to be deleted in	tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Cha- Ga. ORGANIZATION'S NAME	rige - provide only	One riarrie (6a ci 6b)		
OR				
OR 6b. INDIVIDUAL'S SURNAME SELFRIDGE	TERRY		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			I name: do not smit modify, or abbroxists any part of	f the Dektor's parts)
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Complete for Assignment or Party Information. 	ation Change - provide	OUR ATE LIBRA (1.9 OL 10) (GRA exert Ini	maine, do not omit, modify, or addressate any part o	the Debior straine;
OR TA INDIVIDUAL'S SUBMANE				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			Maria de la companya	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: AL	DD collateral	DELETE collateral	RESTATE covered colleteral	ASSIGN collateral
Indicate collateral:				
ADDITIONAL DEBTOR: SELFRIDGE, BARBARA				
				V
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT:	Provide only one name /9a or 9h) (name of Assignor, if this is an Assignor	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide	e name of authoriz			44
98. ORGANIZATION'S NAME FIRST MUTUAL BANK			02/25/2	445/1
OR PD. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME (S)/INITIAL(S)	SUFFIX
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- And the second
10. OPTIONAL FILER REFERENCE DATA:			SKAGIT, WA \$72.00	
DEBTOR: SELFRIDGE, 51-111403-00		ì	SKAGIT, WA \$72.00	