



Skagit County Auditor

\$73.00

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UCC. FINANGING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) **LOAN SERVICING** 800-324-9375 B. E-MAIL CONTACT AT FILER optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) WASHINGTON FEDERAL 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] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 200608170061 8/17/2006 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Finanding Statement above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assigneetin tem 7a or 7b, and address of Assignee in item 7c and name of Assignee 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 AND Chesk one of these three boxes to Check one of these two boxes CHANGE name and/or address: Complete itsm 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 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 **EDWARD** CHILDS R CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - proving only one same its or 70 years 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 STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collatera! DELETE collateral RESTATE covered colleteral ASSIGN collateral Indicate collateral ADDITIONAL DEBTOR: CHILDS, AUDREY L Washington Federal, successor in interest to First Mutual Sales Finance, Inc.

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

FIRST MUTUAL BANK

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(SYINITIAL(S)) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

DEBTOR: CHILDS, 51-117116-02

SKAGIT, WA \$73.00