



201709280113

Skagit County Auditor

\$76.00

9/28/2017 Page

1 of

3 11:53AM

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

BARBARA THOMPSON
NATIONWIDE HEALTH PROPERTIES, LLC
500 NORTH HURSTBOURNE PARKWAY, SUITE 200
LOUISVILLE, KY 40222

Document Title:

UCC-3 FINANCING STATEMENT AMENDMENT - PARTY CHANGE

Reference Number: 201106240008

Grantor(s):

additional grantor names on page ____.

1. HSP INVESTMENTS I, LLC

2.

Grantee(s):

additional grantee names on page ____.

1. NATIONWIDE HEALTH PROPERTIES, LLC

2.

Abbreviated legal description:

full legal on page(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 Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

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)

**Nationwide Health Properties, LLC
c/o Ventas, Inc.
500 North Hurstbourne Parkway, Suite 200
Louisville, KY 40222**

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
Nationwide Health Properties, LLC

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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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
Nationwide Health Properties, LLC

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

500 North Hurstbourne Parkway, Suite 200	CITY Louisville	STATE KY	POSTAL CODE 40222	COUNTRY USA
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

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, LLC

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:
#1713 Birchview - WA-Skagit County DEBTOR: HSP Investments I, LLC

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
201106240008 6/24/2011

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME Nationwide Health Properties, LLC	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME HSP Investments I, LLC			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

Nationwide Health Properties, LLC
c/o Ventas, Inc.
500 North Hurstbourne Parkway, Suite 200
Louisville, KY 40222

17. Description of real estate:

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

Parcel Nos. 4152-115-010-0002; 4152-115-015-0007; 4152-115-030-0008

18. MISCELLANEOUS: