

201807160048

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Skagit County Auditor

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

|  |  |   |                               |             |
|--|--|---|-------------------------------|-------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294   |  |   |                               |             |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com   |  |   |                               |             |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 80%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1490 26108<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div><div style="border: 1px solid black; padding: 5px;">Filed In: Washington<br/>(Skagit)</div></div><div style="width: 15%;"></div></div>  |  |   |                               |             |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  |  |   |                               |             |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>201309030123 09/03/2013   |  | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |                               |             |
| 2. <input type="checkbox"/> 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. <input type="checkbox"/> 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<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8   |  |   |                               |             |
| 4. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record AND Check one of these three boxes to:<br><div style="display: flex; justify-content: space-between; font-size: small;"><div><input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</div></div> |  |   |                               |             |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  |  |   |                               |             |
| 6a. ORGANIZATION'S NAME Whidbey Island Bank  |  |   |                               |             |
| 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 HERITAGE BANK  |  |   |                               |             |
| OR   |  |   |                               |             |
| 7b. INDIVIDUAL'S SURNAME   |  |   |                               |             |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |   |                               |             |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |  |   |                               |             |
| SUFFIX   |  |   |                               |             |
| 7c. MAILING ADDRESS PO BOX 1578  |  |   |                               |             |
| CITY OLYMPIA   |  | STATE WA  | POSTAL CODE 98507             | COUNTRY USA |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral   |  |   |                               |             |
| All fixtures LOCATED AT 116 S 1ST STREET, LA CONNER, WA 98257<br>Parcel #P74455, 4129-018-006-0004, P74103, 4123-023-000-0105 in records of Skagit County; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing  |  |   |                               |             |
| Abbreviated Legal: PTN. BLOCK 1, "MAP OF LACONNER, WHATCOM COUNTY, WASHN. TERRY., 1872"; AND PTN.  |  |   |                               |             |
| 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)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor   |  |   |                               |             |
| 9a. ORGANIZATION'S NAME Whidbey Island Bank  |  |   |                               |             |
| OR   |  |   |                               |             |
| 9b. INDIVIDUAL'S SURNAME   |  | FIRST PERSONAL NAME   | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: NELL THORN, LLC   |  |   |                               |             |
|  |  |   |                               | 1490 26108  |

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

|   |        |
|---|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>201309030123 09/03/2013 |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                            |        |
| 12a. ORGANIZATION'S NAME<br>Whidbey Island Bank   |        |
| 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  |                     |                               |        |
| OR                        |                     |                               |        |
| 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

TRACT 6, PLATE 18, "TIDE AND SHORE LANDS AT LACONNER"

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):

JOSHUA CASEY SCHANEN  
SUSAN SCHANEN  
617 S 3RD ST  
LA CONNER, WA 98257

17. Description of real estate:

SEE ATTACHED EXHIBIT "A"

18. MISCELLANEOUS: