

**201812070028**12/07/2018 11:11 AM Pages: 1 of 1 Fees: \$99.00  
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)                           |                                  |
| 1558 45511<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Washington<br>(Skagit) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
201312270029 12/27/20131b. ☒ 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 132. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ 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 84. ☒ 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 law5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record☐ 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 |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         | MCFADDEN                 | GALE                | F                             |        |

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 |  |  |  |  |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |  |  |  |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |  |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  |  |
|                         | SUFFIX                                     |  |  |  |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|                     |      |       |             | USA     |

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

8 WINDOWS, 2 DOORS

APN P104852

TRACT 18, "PLAT OF LONESTARS ADDITION TO THE CITY OF CONCRETE" AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 163,164,165, AND 166, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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 1st Security Bank of Washington |                          |                     |                               |        |
| OR  | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|   |                          |                     |                               |        |

10. OPTIONAL FILER REFERENCE DATA: Debtor: MCFADDEN, GALE F - :5150695700 MCFADDEN, MARY M

1558 45511

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)