

**AFTER RECORDING MAIL TO:**

Name Troutman Sanders LLP  
Address P.O. Box 112  
City/State Richmond, VA 23218  
Attn: Jeremy M. McLean, Esquire

---

**Document Title(s):** (or transactions contained herein)

**1. UCC FINANCING STATEMENT -  
AMENDMENT**

**Reference Number(s) of Documents assigned or released:**

201909050028

**Grantor(s):** (Last name first, then first name and initials)

**1. Wells Fargo Bank, National Association**

**Grantee(s):** (Last name first, then first name and initials)

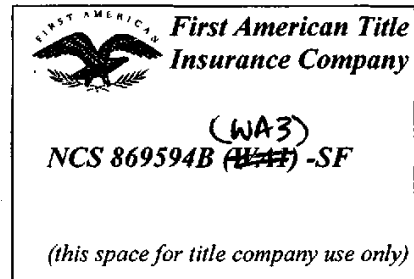
**1. Federal Home Loan Mortgage Corporation**

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)

**LOT 2 "MIRA VISTA" AND LOTS 28 AND 29 "HERITAGE SQUARE"**

**Assessor's Property Tax Parcel/Account Number(s):**

P83258, 4479-000-002-002,  
P81471, 4400-000-029-0005,  
P81470, 4400-000-028-0006



**I AM REQUESTING AN EMERGENCY NONSTANDARD RECORDING FOR AN  
ADDITIONAL FEE AS PROVIDED IN RCW 36.18.010. I UNDERSTAND THAT  
THE RECORDING PROCESSING REQUIREMENTS MAY COVER UP OR  
OTHERWISE OBSCURE SOME PART OF THE TEXT OR THE ORIGINAL DOCUMENT.**

---

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (Optional)	
B. EMAIL CONTACT AT FILER (Optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Jeremy M. McLean, Esquire Troutman Sanders LLP Post Office Box 1122 Richmond, Virginia 23218	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201909050060	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>File, attach Amendment Addendum (form UCC3Ad) and provide Debtor's name in item 13.</small>
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 checked="" type="checkbox"/> ASSIGNMENT (FULL): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>	
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 type="checkbox"/> PARTY INFORMATION CHANGE: <small>Check one of these two boxes:</small>	
<small>AND Check one of these three boxes to:</small>	
This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> 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 O R	
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 O <b>FEDERAL HOME LOAN MORTGAGE CORPORATION</b> R	
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX	
7c. MAILING ADDRESS 8200 Jones Branch Drive CITY: McLean STATE: VA POSTAL CODE: 22102 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 <small>Indicate Collateral:</small>	
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) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>	
9a. ORGANIZATION'S NAME O <b>WELLS FARGO BANK, NATIONAL ASSOCIATION</b> R	
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: Mountain Glen (Local - Skagit County, Washington) (Operators) [to Freddie Mac]	

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

201909050028

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

12a. ORGANIZATION'S NAME

**WELLS FARGO BANK, NATIONAL ASSOCIATION**

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):

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

17. Description of real estate:

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

18. MISCELLANEOUS: