201910070047

10/07/2019 08:42 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

| UCC FINANCING STATEMENT AMEND | MENT | | | |
|---|---|--|---|---|
| FOLLOW INSTRUCTIONS | | | | |
| A NAME & PHONE OF CONTACT AT FILER [options.] Diana Norberg (509) 32 | 7 0634 | | | |
| B E-MAIL CONTACT AT FILER (uptional): | .7-9034 | | | |
| Diana.Norberg@covius.c | | | | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | | | | |
| Shara an 14 an an an 2 an 4 an an | | | | |
| Chronos Mortgage Solutions | 400 | | | |
| 12410 E. Mirabeau Parkway, Ste Spokane Valley, WA 99216 | : 100 | | | |
| Spokarie Valley, VVA 99210 | 1 | | | |
| | | THE ABOV | E SPACE IS FOR FILING OFFICE | USE ONLY |
| 18 INITIAL FINANCING STATEMENT FILE NUMBER 201705250021 Filed 5/25/2017 | | | S STATEMENT AMENDMENT is to be to the REAL ESTATE RECORDS | iled [for record] |
| 2 TERMINATION. Effectiveness of the Financing Statement of | leatified above a terminated with | Fder, attach Amen | dment Addendum (Form UCC3Ad) and provide | |
| Statement Statement | | espect to the security in | keresi(s) or Secured Party authorizing ti | ns lermination |
| ASSIGNMENT (full or partial) Provide name of assignee in For partial assignment, complete items 7 and 9 and, also indicate | item 7a or 7b. and address of Astronomics affected collateral in item 8 | ssignee ≔∃em 7c, <u>and</u> r | name of Assignor in item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement continued for the addit onal period provided by applicable; aw | | the security interest(s) of | Secured Party authorizing this Continua | ation Statement is |
| 5. PARTY INFORMATION CHANGE | | ··· | | ·· |
| Check one of these two boxes | ND check one of these three box | | | |
| This Change affects Debtor or Secured Party of record | CHANGE name and/or addr tem 6a or 6b, and item 7a c | | | name. Give record name. leted in item 6a or 6b |
| 6 CURRENT RECORD INFORMATION: Complete to: Party in 6a ORGANIZATION'S NAME | nformation Change - provide only | one name (6a or 6b) | _ | , |
| OR 65. INDIVIDUAL'S SURNAME | FIRST PERSON | AI NAME | ADDITIONAL NAME(S)/INITIA | L(S) SUFFIX |
| BRIDGMAN | DANIEL | TE TO WILL | DONALD | L(O) SUPPIX |
| 7. CHANGED OR ADDED INFORMATION Complete for Assignment | nt or Party Information Change - provide | only one name (7a or 7b) (us | e exact full name; do not omit, modify, or abbrevi | ale 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 | | | | OLIEFIN. |
| | | | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE Also check one of these four bo. | xes. ADO coltateral | DELETE collateral | RESTATE covered Collateral | ASSIGN collateral |
| Indicate collateral | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9 NAME OF SECURED PARTY OF RECORD AUTHO | PIZING THIS AMENDMENT | Prometo catalana | no (Oo or Ob) (name of Analysis and Analysis | |
| If this is an Amendment authorized by a DEBTOR check here | and provide name of authorizi | ng Debtor | no (se or su) (name of Assignor, if this f | s an Assignmént) |
| 96 ORGANIZATION'S NAME Puget Sound Cooperative Credit | Linion | | · · | |
| OR 96. INDIVIDUAL'S SURNAME | . UTTIOTT INDIVIDUAL'S FI | RST NAME | ADDITIONAL NAME(SIENITIAL | .(S) SUFFIX |
| | MUNICOLOFI | ······································ | CONTRACTOR INTEREST INTEREST | NA. SOLLIV |
| | | | | |
| 10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5929327-46647 | | | | \leftarrow |