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03/22/2021 10:33 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

CC FINANCING STATEMENT AMENDMENT	
DLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	7
Joy Wirsch (509) 327-9634	
E-MAIL CONTACT AT FILER (optional)	
OY.WIFSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO (Name and Address)	-
SEND ACKNOTTED SINEM TO (NAME OF STATE	٦ ا
Chronos Mortgage Solutions	'
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
201810150022 FILED 10/15/2018	(or recorded) in the KEAL ESTATE RECORDS Filer attach. Amendment Addendum (Form UCC3Ad)and provide Debtors name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is terminated	d with respect to the security interest(s) of Secured Party authorizing this Termination
Statement.	of Assignee in item 7c, and name of Assignor in item 9
S. ASSIGNMENT (full or partial) Provide name of assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in iter	m 8
CONTINUATION: Effectiveness of the Financing Statement identified above with respondinued for the additional period provided by applicable law.	ect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: AND check one of these the CHANGE name and/o	
This Change affects Debtor or Secured Party of record litem 6a or 6b; and ite	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide	le only <u>one</u> name (6a or 6b)
6a. ORGANIZATION'S NAME Deleon Rooks Family Trust	
	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change 7a. ORGANIZATION'S NAME 	provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's na
OR 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
	SUFFIX STATE POSTAL CODE COUNTRY USA
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S 7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	STATE POSTAL CODE COUNTRY USA
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes:ADD collateral	STATE POSTAL CODE COUNTRY USA
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes:ADD collateral indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMEN If this is an Amendment authorized by a DEBTOR check here and provide name of 9a. ORGANIZATION'S NAME	STATE POSTAL CODE COUNTRY USA DELETE collateral RESTATE covered Collateral ASSIGN collateral DMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
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