

202105140089

05/14/2021 01:13 PM Pages: 1 of 3 Fees: \$105.50  
Skagit County Auditor, WA**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 47104 - Customers Bank				
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071		80496143  <b>WAWA FIXTURE</b>		
File with: Skagit, WA				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> E202011230006 B0 P0 11/23/2020 CC WA Skagit		<b>1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS</b> Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
<b>2. <input checked="" type="checkbox"/> TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3. <input type="checkbox"/> ASSIGNMENT (full or partial):</b> 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 8				
<b>4. <input type="checkbox"/> CONTINUATION:</b> 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				
<b>5. <input type="checkbox"/> PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <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				
<b>6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)</b>				
6a. ORGANIZATION'S NAME				
OR				
6b. INDIVIDUAL'S SURNAME BRAY		FIRST PERSONAL NAME CARLA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)</b>				
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				
<b>8. <input type="checkbox"/> COLLATERAL CHANGE:</b> Also check <u>one</u> 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 Indicate collateral: APN: P56925 Abbreviated Legal Description: BROADVIEW ADD TO ANA. TR 14				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)</b> If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME CUSTOMERS BANK				
OR				
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: BRAY, CARLA 80496143 2297357				

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM****FOLLOW INSTRUCTIONS**

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

E202011230006 B0 P0 11/23/2020 CC WA Skagit

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

12a. ORGANIZATION'S NAME

CUSTOMERS 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

BRAY

FIRST PERSONAL NAME

CARLA

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

BRAY, CARLA - 1318 BROADVIEW DRIVE, ANACORTES, WA 98221

Secured Party Name and Address:

CUSTOMERS BANK - 1015 PENN AVE, WYOMISSING, PA 19610

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

PARCEL # P56925

BRAY  
1318 BROADVIEW DRIVE  
ANACORTES WA 98221

BROADVIEW ADD TO ANA. TR 14

[ See Exhibit for Real Estate ]

18. MISCELLANEOUS: 80496143-WA-57 47104 - Customers Bank

CUSTOMERS BANK

File with: Skagit, WA

2297357



**Debtor:** BRAY, CARLA

**Exhibit for Real Estate**

**17. Description of real estate:**

Continued

Parcel ID:  
P56925

