

AFTER RECORDING MAIL TO:

Name Sea Mar Community Health Centers
Address 1040 S Henderson St
City/State Seattle, WA 98108

Document Title(s):

- 1. Consent and Subordination

Reference Number(s) of Documents Assigned or released:

202012180083 , 9312080100

Grantor(s):

- 1. United State Department of Health and Human Services, Health Resoures and Services Administration
- 2. **MUFG Union Bank**
- [] Additional Information on page of document

Grantee(s):

- 1. Sea Mar Community Health Centers
- 2.
- [] Additional Information on page of document

CM-5838

Abbreviated Legal Description:

Tract B of Mount Vernon Short Plat 2-86 8601060030

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P25241 **P25242 P105257**

- [] Complete legal description is on page of document

CONSENT AND SUBORDINATION

THIS CONSENT AND SUBORDINATION is made by the United States Department of Health and Human Services, Health Resources and Services Administration ("HRSA") for the benefit of Sea Mar Community Health Centers ("Sea Mar") Grant No. C81CS14005 ("Grant"), a Washington State nonprofit corporation with a mailing address of 1040 South Henderson St., Seattle, Washington 98108, relating to the premises located at 1400 N. La Venture Road, Mt. Vernon, Washington 98273-2766 ("Premises"), as described in the deed and confirmatory deed recorded in the Skagit County Washington / Registry of Deeds ("Registry") in Book Volume 7, Page 64, and Volume 11 of Short Plats, pages 38 and 39, which Grant required conditions on the use of the Premises and the provision of a Federal Interest therein, hereby agrees that said Federal Interest and the conditions on said use of the Premises shall be subordinate in effect and operation to the following mortgages:

Sea Mar proposes to refinance in the amount of amount of \$16,281,292.80 DOLLARS, and to obtain a mortgage granted to MUFG Union Bank, N.A. ("Mortgagee").

Subordination is limited to the existing mortgage. Future modification of the described mortgage, or future financing using the property as collateral must receive written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA).

In the event of default, the Mortgagee must notify HRSA at least 30 days before initiating foreclosure action and provide HRSA the option of assuming the role of mortgagor (or designate a replacement entity to assume the role) and continue to make payments on the mortgage. Any HRSA assignment of the property and mortgage responsibilities to a third party must receive the concurrence of the mortgagee.

Mortgagee:

MUFG Union Bank, N.A.

By: *Matthew Norman*

Name: MATTHEW NORMAN

Title: VICG PRESIDENT

ACKNOWLEDGMENT OF MORTGAGEE

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

On April 21, 2020, before me, DANIEL P. LATHROP, Notary Public, personally appeared MATTHEW NORMAN who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of WASHINGTON that the foregoing paragraph is true and correct.

Witness my hand and official seal.

[Signature]



IN THE WITNESS WHEREOF, the said Health Resources and Administration by the Office of Federal Assistance Management has caused the presents to be signed, in its name and on its behalf, on this 30th day of April 2021.

HRSA:

Health Resources and Services Administration
Office of Federal Assistance Management

By: Dorothy M. Kelley -S Digitally signed by Dorothy M. Kelley -S
Date: 2021.04.30 16:01:35 -0400

Name: Dorothy M. Kelley

Title: Director, Division of Grants Management Operations

ACKNOWLEDGEMENT OF HRSA

STATE OF MARYLAND)

) ss.

COUNTY OF MONTGOMERY)

On April 30th, 2021, before me, Bruce A. Holmes, Notary Public, personally appeared Dorothy M. Kelley,

Director, Division of Grants Management Operations, who proved to me on this basis of satisfactory evidence to be the per whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

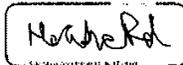
Witness my hand and official seal.

**Bruce A.
Holmes -S**

Digitally signed by Bruce A.
Holmes -S
Date: 2021.04.30 14:31:20
-04'00'

Bruce A. Holmes, Notary Public

My Commission Expires: April 11, 2022



Bruce A Holmes
Notary Public - State of Maryland

BRUCE A. HOLMES
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
My Commission Expires Apr 11, 2022

