

RETURN ADDRESS:

Fox Rothschild LLP
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Seattle, WA 98154-1065
Attn: Maria Milano

Document Title(s):

Reference Number(s) of related documents:

9312080100 202012180083
Additional Reference #'s on page

Grantor(s) (Last, First and Middle Initial)

United States Dept of Health and Human
Services
Additional grantors on page

Grantee(s): (Last, First and Middle Initial)

MUFG Union Bank, N.A. Sea Mar Community Health Ctrs
Additional grantees on page

Legal Description: (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Portions of the NW SE of Sec. 16, Twp. 35 N., R. 4 E., WM.
Additional Legal is on page

Assessor's Property Tax Parcel / Account Number:

P25241, P25242 and P105257
Additional parcel #'s on page

The Auditor/Record will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

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 of the original document.

Signature of Requesting Party

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.

89883C04-2E34-4D5C-9D4D-790FFC7878D3 -- 2021-06-21 10:59:00 - 08:00



Mortgagee:

MUFG Union Bank, N.A.

By: Math. Yeun

Name: MATTHEW NORMAN

Title: VIC 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]



81887C04-2E34-4D5C-9D4D-790FFC7878D3 -- 2021 06 21 11:26:00 -8:00



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 -5 Digitally signed by Dorothy M. Kelley -5
Date: 2021.04.30 13:13:54 -04'00'

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.

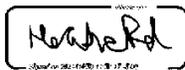
I certify under PENALTY OF PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

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
Signed on 2021/04/30 14:31:20 -04'00'

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

89880C04-2E34-4D5C-9D4D-790FFC7878D3 -- 2021/04/30 11:29:00 -8:00

