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01/13/2022 01:29 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT AMEND COLLOW INSTRUCTIONS	MENT			
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 32	27-9634			
B E-MAIL CONTACT AT FILER (optional) Diana.Norberg@covius.c				
C SEND ACKNOWLEDGMENT TO (Name and Address)	7			
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste	∋ 100			
Spokane Valley, WA 99216	1			
			SPACE IS FOR FILING OFFICE	
18 INITIAL FINANCING STATEMENT FILE NUMBER 201912090033 Filed 12/9/2019		(Ot recorded) in the	PREAL ESTATE RECORDS ent Addendum (Form UCC3Ad) and provide	
2. TERMINATION: Effectiveness of the Financing Statement is Statement.	identified above is terminated with			
ASSIGNMENT (full or partial) Provide name of assignee in For partial assignment, complete items 7 and 9 and also indice	n item 7a or 7b, <u>and</u> address of A cate affected collateral in item 8	ssignee in item 7c, <u>and</u> nar	ne of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemer continued for the additional period provided by applicable law	nt identified above with respect to	the security interest(s) of S	ecured Party authorizing this Continue	ation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes	AND check one of these three bo	xes to ress: Complete AD	D name: Complete item DELETE	name Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7a	or 7b and item 7c 78		leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAME	Information Change - provide only	one name (6a or 6b)		
RICHARD & BEVERLY HARRI	NGTON LIVING	TRUST		
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSOI		ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assign	ment or Party Information Change - provide	e only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbrev	riate any part of the Debtor's nam
OR 75 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY USA
8. COLLATERAL CHANGE: Also check one of these four	boxesADD collateral	DELETE collateral	RESTATE covered Collateral	A\$\$IGN collateral
Indicate collateral				
9. NAME OF SECURED PARTY OF RECORD AUT	THORIZING THIS AMENDME	NT: Provide only one na	me (9a or 9b) (name of Assignor, if the	s is an Assignment)
If this is an Amendment authorized by a DEBTOR check he	ere and provide name of autho	rizing Debtor		
9a ORGANIZATION'S NAME Puget Sound Cooperative Cree	dit Union			
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INIT	IAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7629286-59859	Loan #		SBA Loan #	