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Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2360 27935 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 202201260013 01/26/2022 2. | TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: 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 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete it 7a or 7b, and item 7c DELETE name: Give record n to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Darren Р Maybruck 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 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 POSTAL CODE STATE COUNTRY CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral All fixtures now or hereafter securely and/or permanently attached to the property identified above, excluding personal effects and household goods or appliances that are not considered fixtures under applicable law. Parcel: 4533-000-037-0005 Legal: LOT 37, PARK CREST DIVISION I, AS PER PLAT RECORDED IN VOLUME 14 OF PLATS, PAGES 128 AND 129, IN THE RECORDS OF SKAGIT COUNTY 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here \_\_\_\_ and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 10. OPTIONAL FILER REFERENCE DATA: Debtor: Maybruck, Darren P 2360 27935

|                                           | INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment $02201260013\ 01/26/2022$                                                                                      | form               |                                                    |                               |              |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------|-------------------------------|--------------|
| 2.                                        | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendm                                                                                                                   | ent form           |                                                    |                               |              |
|                                           | 12a. ORGANIZATION'S NAME<br>Cross River Bank and its successors and assigns c/o Mar                                                                                                  | lette              |                                                    |                               |              |
|                                           | Servicing, LLC                                                                                                                                                                       |                    |                                                    |                               |              |
| R                                         | 12b. INDIVIDUAL'S SURNAME                                                                                                                                                            |                    |                                                    |                               |              |
|                                           | FIRST PERSONAL NAME                                                                                                                                                                  |                    |                                                    |                               |              |
|                                           | ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                        | SUFFIX             |                                                    |                               |              |
|                                           |                                                                                                                                                                                      |                    |                                                    | SPACE IS FOR FILING OFFICE    |              |
|                                           | Name of DEBTOR on related financing statement (Name of a current Debtor of recording Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any page 15. |                    |                                                    |                               | 13): Provide |
|                                           | 13a. ORGANIZATION'S NAME                                                                                                                                                             |                    |                                                    |                               |              |
| R                                         | 13b. INDIVIDUAL'S SURNAME FIRST PE Maybruck Darre                                                                                                                                    | RSONAL NAME        |                                                    | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX       |
| 12<br>VIC                                 | ebtor:Darren P Maybruck and Renata Maybruck<br>23 Montgomery Place<br>ount Vernon, WA 98274<br>cagit County                                                                          |                    |                                                    |                               |              |
| 12<br>VIC                                 | 23 Montgomery Place                                                                                                                                                                  |                    |                                                    |                               |              |
| 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. | 23 Montgomery Place<br>ount Vernon, WA 98274                                                                                                                                         | Property<br>4223 M | y Address:<br>ontgomery Playernon, WA 9:<br>County | ace                           |              |

## EXHIBIT A

Abbreviated Legal: Lot 37, Park Crest Div. I

Tax Parcel Number(s): P83965, 4533-000-037-0005

Lot 37, "PARK CREST DIVISION I", as per plat recorded in Volume 14 of Plats, pages 128 and 129,

in the records of Skagit County, Washington.
This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "A" attached hereto