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11/27/2023 08:38 AM Pages: 1 of 1 Fees: \$203.50

		Skagit County	Auditor, WA	
UCC FINANCING STATEMENT AMEN	DMENT			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		7		
Recording Services				
B. E-MAIL CONTACT AT SUBMITTER (optional)		1		
recordings@gorequire.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
reQuire Real Estate Solutions				
PO Box 860				
Palm Harbor, Florida 34682				
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION		ACE IS FOR FILING OFFICE USE	
		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum		
201903040022		(Form UCC3Ad) <u>and</u> prov	de Debtor's name in item 13.	
TERMINATION: Effectiveness of the Financing Statement identiti	fied above is terminated with resp	ect to the security interest(s) of So	ecured Part(y)(ies) authorizing this Termin	ation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Co				
. CONTINUATION: Effectiveness of the Financing Statement idea	ntified above with respect to the s	ecurity interest(s) of Secured Part	y authorizing this Continuation Statement	is continued for the
PARTY INFORMATION CHANGE.				
, PARTY INFORMATION CHANGE:	ND Check one of these three box	ves to		
Check one of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE name and/or a	ddress: Complete ADD na	me: Complete itemDELETE name:	Give record name
CURRENT RECORD INFORMATION: Complete for Party Inform	item 6a or 6b; and item 7		o, <u>and</u> item 7cto be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME	- · · · · · · · · · · · · · · · · · · ·	, ,		
DARWIN L HELMUTH REVOCABLE L	IVING TRUST			
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
. 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 D	ebtor's name)
7a. ORGANIZATION'S NAME				
R - T- ANDINED IN IO OUR NAME				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUALS FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				Isuffix
INDIVIDUAL S ADDITIONAL NAME(S)/INTRAL(S)				SOFFIX
c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
. MALENO ADDITECT	5111		O IAIL O O DE	Tooline.
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL o	nly if the assignee's power to amend the re	cord is limited to certain collateral and describe the	collateral in Section 8
				_
NAME OF SECURED PARTY OF RECORD AUTHORIZIN			ne of Assignor, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here are 9a. ORGANIZATION'S NAME	nd provide name of authorizing D	entot		
Puget Sound Cooperative Credit Ur	nion			
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1 ST. ILLOCATION CONTINUES	L IIVOT F ELIGON	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OO! ! IA

10. OPTIONAL FILER REFERENCE DATA: 4760301

FILING OFFICE COPY = UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)