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10/28/2024 10:45 AM Pages: 1 of 1 Fees: \$303.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	INICIAI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		1			
CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional)		4			
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
2959 77768	\neg				
CSC	1				
801 Adlai Stevenson Drive	iled In: Washington				
Springfield, IL 62703	(Skagit)				
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION	THE ABO	VE SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201912020166 12/2/2019	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.				
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with res	pect to the security interests	(s) of Secured Part(y	r)(ies) authorizing this Te	rmination Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9; check ASSIGN Collate					
4. CONTINUATION: Effectiveness of the Financing Statement identification.				this Continuation Stater	nent is continued for the
additional period provided by applicable law 5. PARTY INFORMATION CHANGE:					
	Check one of these three bo	xes to:			
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete 7a or 7b and item 7c	ADD name: Comple 7a or 7b, and item 7	ete item DELETE na	ame: Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information				_	
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
Jeter	Russell				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ly Information Change - provide only	one name (7a or 7b) (use exact, 1	full name; do not omit, mo	dify, 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	CITY		STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN* collateral
Indicate collateral:	_	only if the assignee's power to am			e the collateral in Section 8
 NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and p 	THIS AMENDMENT: Prov provide name of authorizing D	vide only <u>one</u> name (9a or 9 ebtor	9b) (name of Assigno	or, if this is an Assignmen	nt)
9a. ORGANIZATION'S NAME Verity Credit Union					
OR 9ь. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX