202502180001

02/18/2025 08:33 AM Pages: 1 of 3 Fees: \$305.50 Skagit County Auditor, WA

| FOLLOW INSTRUCTIONS | INENI | | | |
|---|---|--|---|-----------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | | 1 | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| 3048 49048 CSC | | | | |
| 004 A III-1 O | iled In: Washington (Skagit) | | | |
| SEE BELOW FOR SECURED PARTY CONTACT IN | FORMATION | THE ABOVE SPA | CE IS FOR FILING OFFICE USE | ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 202311010057 11/01/2023 | | 1b. This FINANCING STATEME (or recorded) in the REAL E (Form UCC3Ad) and provide | NT AMENDMENT is to be filed [for reconstructed] STATE RECORDS. Filer: attach Amend e Debtor's name in item 13 | rd] ment Addendum |
| 2. TERMINATION: Effectiveness of the Financing Statement identified | above is terminated with res | | | ation 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 identifi- additional period provided by applicable law | ed above with respect to the | security interest(s) of Secured Party | authorizing this Continuation Statement | is continued for the |
| 5. PARTY INFORMATION CHANGE: | | | | |
| Check one of these two boxes: | Check one of these three bo | | | |
| This Change affects Debtor or Secured Party of record | CHANGE name and/or item 6a or 6b; and item | 7a or 7b <u>and</u> item 7c7a or 7b, | ne: Complete item DELETE name: and item 7c DELETE name: | Give record name item 6a or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Informat 6a. ORGANIZATION'S NAME | ion Change - provide only on | e name (6a or 6b) | | |
| 6a. ORGANIZATION'S NAME | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSON | IAI NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| Cleaver | Christoph | | Dale | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par | | | | |
| 7. CHANGED OR ADDED INFORMATION. Complete for Assignment of Par 7a. ORGANIZATION'S NAME | ty intollitation Grange - provide only | une name (7a or 7b) (use exact, full mame, u | o not offit, mounty, or appreviate any part of the De | edioi 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 |
| 8. COLLATERAL CHANGE: Check only one box: | ADD collateral | DELETE collateral | ESTATE covered collateral | ASSIGN* collateral |
| Indicate collateral: | _ | | ord is limited to certain collateral and describe the | |
| All fixtures now or hereafter securely and/or permar | | | | conateral in Section 6 |
| effects and household goods or appliances that are | | | | |
| Fixture Definition: An object physically and permane | | | | |
| have the following method of attachment; bolted, so | rewed, nailed, glue | d, or cemented onto the | walls, floors, ceilings or | |
| any other part of the home. | | | | |
| Proposed Fixtures include but not limited to: | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING | | | e of Assignor, if this is an Assignment) | |
| if this is an Amendment authorized by a DEBTOK, check here I I and r | provide name of authorizing F | | | |
| If this is an Amendment authorized by a DEBTOR, check here and page of the second | orovide name of authorizing D successors and a | | ervicing, LLC | |
| - | - | assigns c/o Marlette S | ervicing, LLC | SUFFIX |
| 9a. ORGANIZATION'S NAME Cross River Bank and its | successors and | assigns c/o Marlette S | | SUFFIX |

| | INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 02311010057 11/01/2023 | | | | |
|--|---|--|---|-------------------------|--------------|
| 12. I | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for | rm | | | |
| | 12a. ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marle | ette | | | |
| | Servicing, LLC | | | | |
| DR | 12b. INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | THE ABOVE SPACE | IS FOR FILING OFFICE (| USE ONLY |
| | Name of DEBTOR on related financing statement (Name of a current Debtor of record requone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of | | | | Provide only |
| | 13a. ORGANIZATION'S NAME | · | | | |
| DR | 13b. INDIVIDUAL'S SURNAME Cleaver Christo | SONAL NAME | ADDITION Dale | DNAL NAME(S)/INITIAL(S) | SUFFIX |
| _ | | | | | |
| u a ig P | ADDITIONAL SPACE FOR (CHECK ONE BOX): ilt-in cabinets and shelving throom vanities pht fixtures N: 4846-000-039-0000 DMESTEAD PLACE SUBDIVISION, LOT 39, ACRES 0.19, (#200505060135, BEING A PORTION OF TRA | | R INFORMATION (Please | ŕ | |
| Bu Ba ig IC | ilt-in cabinets and shelving throom vanities pht fixtures N: 4846-000-039-0000 DMESTEAD PLACE SUBDIVISION, LOT 39, ACRES 0.19, (| | | ŕ | |
| 3u 3a .ig √P √C | ilt-in cabinets and shelving throom vanities pht fixtures N: 4846-000-039-0000 DMESTEAD PLACE SUBDIVISION, LOT 39, ACRES 0.19, (| | | ŕ | |
| 3u 3a Jig NP HC | ilt-in cabinets and shelving throom vanities pht fixtures N: 4846-000-039-0000 DMESTEAD PLACE SUBDIVISION, LOT 39, ACRES 0.19, (| DK12) AF#2 | 00412010051, A | ŕ | |
| Bu ligated and the second seco | ilt-in cabinets and shelving throom vanities pht fixtures N: 4846-000-039-0000 DMESTEAD PLACE SUBDIVISION, LOT 39, ACRES 0.19, (#200505060135, BEING A PORTION OF TRA | 17. Description APN: 484 Property 1131 Hor | freal estate 6-000-039-0000 Address: nestead Drive | ŕ | |
| 3u 3a 3a 3a 3P 4C 4F 5 6. (| illt-in cabinets and shelving throom vanities throom vanities throom vanities that the same state of the same state of the same and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): instopher Dale Cleaver & Sarah Cleaver | 17. Description APN: 484 Property 1131 Hor | freal estate: 6-000-039-0000 Address: nestead Drive n, WA 98233 | ŕ | |

| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS | ADDENDUM | l | |
|--|--------------------|--|--------------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend 202311010057 11/01/2023 | | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame | | | |
| 12a. ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o | o Marlette | | |
| Servicing, LLC OR 12b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | THE ABOVE SPACE IS FOR FILING OFFICE L | JSE ONLY |
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate a | | | Provide only |
| 13a. ORGANIZATION'S NAME | | | |
| OR 13b. INDIVIDUAL'S SURNAME F | IRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collate | | HER INFORMATION (Please Describe) | |
| Debtor: Christopher Dale Cleaver & Sarah Cleaver 1131 Homestead Drive Burlington, WA 98233 Skagit County 15. This FINANCING STATEMENT AMENDMENT: | 17. Descriptio | on of real estate: | |
| covers timber to be cut covers as-extracted collateral is filed as a 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): | | | |

FILING OFFICE COPY = UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 07/01/23)