202511200001

11/20/2025 08:32 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		1		
CSC 1-800-858-5294		1		
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		4		
C. SEND ACKNOWLEDGMENT TO. (Name and Address)				
3299 70399				
CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703	iled In: Washington (Skagit)			
	(Chagh)			
SEE BELOW FOR SECURED PARTY CONTACT IN	IFORMATION	THE ABOVE SE	PACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AMENDMENT is to be filed [for reco _ ESTATE RECORDS. Filer: attach Amend	rd]
202406140026 06/14/2024			LESTATE RECORDS. Filer: <u>attach</u> Amendi vide Debtor's name in item 13.	ment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with res	pect to the security interest(s) of S	Secured Part(y)(ies) authorizing this Termina	ation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and ac For partial assignment, complete items 7 and 9; check ASSIGN Collat				
				
CONTINUATION: Effectiveness of the Financing Statement identificational period provided by applicable law	ied above with respect to the	security interest(s) of Secured Par	ty authorizing this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	CHANGE		ame: Complete item DELETE name:	Ch
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 7	7b, and item 7c to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informa	tion Change - provide only on	e name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NIANT	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Earl	IAL NAME		SUFFIX
Mallonee 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa			Dale	
7. CHANGED CHADDED IN CHANALICIA. COMBINE IN ASSIGNMENT OF A		one name (7a or 7h) (use exact full name		htor's name)
7a. ORGANIZATION'S NAME	irty Information Change - provide only	one name (7a or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part of the De	btor's name)
	rty Information Change - provide only	one name (7a or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part of the De	ebtor's name)
	rty Information Change - provide only	one name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part of the De	btor's name)
7a. ORGANIZATION'S NAME	rty Information Change - provide only	one name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part of the De	btor's name)
7a. ORGANIZATION'S NAME	rty Information Change - provide only	one name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part of the De	btor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	rty Information Change - provide only	one name (7a or 7b) (use exact, tull name	; do not omit, modify, or abbreviate any part of the De	blor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	rty Information Change - provide only	one name (7a or 7b) (use exact, tull name	; do not omit, modify, or abbreviate any part of the De	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	rty Information Change - provide only	one name (7a or 7b) (use exact, tull name	; do not omit, modify, or abbreviate any part of the De	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	rty Information Change - provide only	one name (7a or 7b) (use exact, tull name	e; do not omit, modify, or abbreviate any part of the De	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		one name (7a or 7b) (use exact, tull name		SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		one name (7a or 7b) (use exact, tull name	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY ADD collateral	DELETE collateral	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	DELETE collateral	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001	CITY ADD collateral *Check ASSIGN COLLATERAL to	DELETE collateral conly if the assignee's power to amend the	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1,	CITY ADD collateral *Check ASSIGN COLLATERAL to	DELETE collateral conly if the assignee's power to amend the	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001	CITY ADD collateral *Check ASSIGN COLLATERAL to	DELETE collateral conly if the assignee's power to amend the	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1,	CITY ADD collateral *Check ASSIGN COLLATERAL to	DELETE collateral conly if the assignee's power to amend the	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1,	CITY ADD collateral *Check ASSIGN COLLATERAL to	DELETE collateral conly if the assignee's power to amend the	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	CITY ADD collateral *Check ASSIGN COLLATERAL ACCORDING TO T THIS AMENDMENT: Pro	DELETE collateral Inity if the assignee's power to amend the the plat THEREOF F	STATE POSTAL CODE RESTATE covered collateral record is limited to certain collateral and describe the state of the state	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	CITY ADD collateral *Check ASSIGN COLLATERAL ACCORDING TO T	DELETE collateral Inity if the assignee's power to amend the the plat THEREOF F	STATE POSTAL CODE RESTATE covered collateral record is limited to certain collateral and describe the state of the state	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	CITY ADD collateral *Check ASSIGN COLLATERAL of the collapse	DELETE collateral only if the assignee's power to amend the the plat THEREOF F	RESTATE POSTAL CODE RESTATE covered collateral record is limited to certain collateral and describe the trace. RECORDED IN VOLUME 8 me of Assignor, if this is an Assignment)	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and one of the page of the	CITY ADD collateral *Check ASSIGN COLLATERAL ACCORDING TO T THIS AMENDMENT: Pro provide name of authorizing D s successors and a	DELETE collateral Individe assignee's power to amend the least of the plant. THEREOF For the plant of the least of the plant of the plant of the plant. There is no plant of the plant of	RESTATE POSTAL CODE RESTATE covered collateral RECORDED IN VOLUME 8 me of Assignor, if this is an Assignment) Servicing, LLC	SUFFIX COUNTRY ASSIGN* collateral collateral in Section 8
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and one of the page of the p	CITY ADD collateral *Check ASSIGN COLLATERAL of the collapse	DELETE collateral Individe assignee's power to amend the least of the plant. THEREOF For the plant of the least of the plant of the plant of the plant. There is no plant of the plant of	RESTATE POSTAL CODE RESTATE covered collateral record is limited to certain collateral and describe the trace. RECORDED IN VOLUME 8 me of Assignor, if this is an Assignment)	SUFFIX COUNTRY ASSIGN* collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and one of the page of the	CITY ADD collateral *Check ASSIGN COLLATERAL ACCORDING TO T THIS AMENDMENT: Pro provide name of authorizing D s successors and a	DELETE collateral Individe assignee's power to amend the least of the plant. THEREOF For the plant of the least of the plant of the plant of the plant. There is no plant of the plant of	RESTATE POSTAL CODE RESTATE covered collateral RECORDED IN VOLUME 8 me of Assignor, if this is an Assignment) Servicing, LLC	SUFFIX COUNTRY ASSIGN* collateral collateral in Section 8
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: Indicate collateral: APN: 3886-000-002-0001 DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, OF PLATS, PAGE 19, RECORDS OF SKA 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and one of the page of the	CITY ADD collateral *Check ASSIGN COLLATERAL ACCORDING TO T THIS AMENDMENT: Pro provide name of authorizing D s successors and a	DELETE collateral Individe assignee's power to amend the least of the plant. THEREOF For the plant of the least of the plant of the plant of the plant. There is no plant of the plant of	RESTATE POSTAL CODE RESTATE covered collateral RECORDED IN VOLUME 8 me of Assignor, if this is an Assignment) Servicing, LLC	SUFFIX COUNTRY ASSIGN* collateral collateral in Section 8

UCC FINANCING STATEMENT AMENDMENT ADDIFFULLOW INSTRUCTIONS	ENDUM
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202406140026 06/14/2024	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	m
12a. ORGANIZATION'S NAME	
Cross River Bank and its successors and assigns c/o Marlet	tte
OR Servicing, LLC 12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL IVANIE(S)/NVTIAL(S)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record requir one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the	red for indexing purposes only in some filing offices - see Instruction item 13): Provide only
13a. ORGANIZATION'S NAME	
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSON	ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Mallonee	Dale
16599 Country Club Dr Burlington, WA 98233 Skagit County	
15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral significance filling. 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Earl Dale Mallonee and Rebecca Mallonee 16599 Country Club Dr Burlington, WA 98233 Skagit County	17. Description of real estate: APN: 3886-000-002-0001 Property Address: 16599 Country Club Dr Burlington, WA 98233 Skagit County DR 19 LOT 2, COUNTRY CLUB ADDITION NO 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGE 19, RECORDS OF SKA
18. MISCELLANEOUS:	