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P. Olson
AUDITOR
GARY H. OLSON

Return Address:

First Independent Bank
Loan Service Center
PO Box 8904

Vancouver, WA 98668-8904

UCC 5 CHANGE FORM (County Auditor)

Indexing Information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Debtor(s) (Assignor): (1) _____ (2) _____ Addl. on pg _____

Secured Party(ies) (Assignee): (1) _____ (2) _____

Addl. on pg _____ Legal Description (abbreviated): _____

Addl. legal is on pg _____ Assessor's Property Tax Parcel /Account # _____

1. Debtor(s): (last name first, and mailing address(es))

Hatfield, Ralph O.
Hatfield, Edith E.
MP 1.73R Loop Rd.
Stevenson, WA 98648

2. Secured Party(ies) and address(es):

First Independent Bank
Stevenson Office
PO Box 340
Stevenson, WA 98648-0340

3. Assignee(s) of Secured Party(ies) and address(es):

4. This statement refers to original UCC-2 number 118897 Dated 3/11/945. ☐ Number of additional sheets attached: _____

6. ☒ CONTINUATION. The original UCC-2 between the foregoing Debtor(s) and Secured Party(ies) bearing auditors receiving number shown above is still effective.
- ☐ FULL ASSIGNMENT. All of the Secured Party's rights under the UCC-2 bearing auditors receiving number shown above have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.
- ☐ PARTIAL ASSIGNMENT. The Secured Party's rights under the UCC-2 bearing auditors receiving number shown above to the property DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.
- ☐ AMENDMENT. UCC-2 bearing auditors receiving number shown above is amended AS SET FORTH BELOW.
- ☐ PARTIAL RELEASE. Secured Party(ies) releases the collateral DESCRIBED BELOW from the UCC-2 bearing auditors receiving number shown above.



UCC 5 Change Form (County Auditor)
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By _____
dated 12/1/99
Noted _____
Filed _____
1999

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☐ **TERMINATION.** Secured Party(ies) no longer claims a security interest under the UCC-2 bearing auditors receiving number shown above.

DESCRIPTION:

7. DATED:

2/3/99

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

Michele Freeman

TYPE NAME(S) OF SECURED PARTY(IES)
(or assignee(s)) Michele Freeman, Operations Officer

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))
(Required if amendment)

SIGNATURE OF SECURED PARTY(IES) (or assignee(s))