_		
3		
-		
-		
_		
e.		
_		
_		
_		
_		
_		
_		
	•	 =
ral		
_		

LIen Solutions Page: 1 of 1 File Fee: \$73.00 Auditor Robert J. Waymire Skamania County, WA UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15795 - BAYVIEW Lien Solutions 60670344 P.O. Box 29071 Glendale, CA 91209-9071 WAWA **FIXTURE** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY File with: Skamania, WA 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 1a. INITIAL FINANCING STATEMENT FILE NUMBER 2007168149 ~ 11/2/2007 CG WA Skamania 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. 🔀 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item
7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR FIRST PERSONAL NAME SUFFIX 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) **JONES JOSEPH** JR. 7. 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 Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral □ DELETE collateral RESTATE covered collateral ASSIGN collate Indicate collateral: APN: 02070111370100 LOTS 31 AND 32, BLOCK 7 OF THE TOWN OF STEVENSON, ACCORDING TO THE RECORDED PLAT THEREOF RECORDED IN BOOK 'A' OF PLATS, PAGE 11 IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON. 9, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BAYVIEW LOAN SERVICING, LLC OR 9b. INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL NAME(S)INITIAL(S) FIRST PERSONAL NAME 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: JONES, JOSEPH W. JR. 64758 200059771 60670344

2017

12:05 PM

DocType: UCC Filed by: CT

AFN #2017002084 Recorded Oct 05,