

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500
B. E-MAIL CONTACT AT FILER (optional) uccfiling@elderlifefinancial.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120 HENDERSONVILLE, TN 37075

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Feldheger	Robyn	Sue	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7343 NE 204th PL	Kenmore	WA	98028	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Clark	Kelly	Louise	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5720 14th Dr W Unit B	Everett	WA	98203	USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME	ELDERLIFE FINANCIAL LENDING, LLC			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120	HENDERSONVILLE	TN	37075	USA

4. COLLATERAL: This financing statement covers the following collateral:

All Fixtures appurtenant to:

33066 S Shore Dr
Mount Vernon WA 98274
PARCEL ID: P66969

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 33066 S SHORE DR, MOUNT VERNON, WA 98274-8231 CURRENTLY OWNED BY CLARK KELLY H/FELDHEGER ROBYN S HAVING A TAX ASSESSOR NUMBER OF P66969 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 18, BLOCK 2, LAKE CAVANAUGH SUB DIV 3, RECORDED IN VOLUME 6 OF PLATS, PAGES 25 TO 31, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND DESCRIBED IN DOCUMENT NUMBER 1290146 DATED 01/29/2021 AND RECORDED 01/29/2021.

Original Loan Amount: \$45,600.00

Pursuant to the Memorandum of Agreement dated 03/29/2022, whereby Robyn Sue Feldheger and Kelly Louise Clark (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Elderlife Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. **NAME OF FIRST DEBTOR:** Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR
9b. INDIVIDUAL'S SURNAME**Feldheger**

FIRST PERSONAL NAME

Robyn

ADDITIONAL NAME(S)/INITIAL(S)

Sue

SUFFIX

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10. **DEBTOR'S NAME:** Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. **ADDITIONAL SECURED PARTY'S NAME** or **ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. **ADDITIONAL SPACE FOR ITEM 4 (Collateral):**

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

**33066 S Shore Dr
Mount Vernon WA 98274
PARCEL ID: P66969**

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 33066 S SHORE DR, MOUNT VERNON, WA 98274-8231 CURRENTLY OWNED BY CLARK KELLY H/FELDHEGER ROBYN S HAVING A TAX ASSESSOR NUMBER OF P66969 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 18, BLOCK 2, LAKE CAVANAUGH SUB DIV 3, RECORDED IN VOLUME 6 OF PLATS, PAGES 25 TO 31, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND DESCRIBED IN DOCUMENT NUMBER 1290146 DATED 01/29/2021 AND RECORDED 01/29/2021.

17. MISCELLANEOUS:

International Association of Commercial Administrators (IACA)