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03/30/2022 08:34 AM Pages: 1 of 2 Fees: \$204.50

Skagit County Auditor, WA

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	¬ l			
ATTN: LEGAL DEPARTMENT	I I			
100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120				
HENDERSONVILLE, TN 37075				
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DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full it			R FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank, check here and provide t				
1a. ORGANIZATION'S NAME				
OR		T		T
16. INDIVIDUAL'S SURNAME Feldheger	Robyn	Sue	NAL NAME(S)/INITIAL(S)	SUFFIX
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 r		of the Debtor	I 's name): if any part of the In	dividual Debtor's
	the Individual Debtor information in item 10 of the			
2a. ORGANIZATION'S NAME				
OR		Laborio		la
2b. INDIVIDUAL'S SURNAME Clark	FIRST PERSONAL NAME Kelly	ADDITIONAL NAME(S)/INITIAL(S) Louise		SUFFIX
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 SECU	RED PARTY): Provide only one Secured Party na	ame (3a or 3b)	
3a. ORGANIZATION'S NAME ELDERLIFE FINANCIAL LENDING, LL	C			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFI		SUFFIX
		ADDITIONAL NAME (O)/MITTAL(O)		
	СІТУ	STATE	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS			37075	USA
3c. MAILING ADDRESS 100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120	HENDERSONVILLE	TN		9.9
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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 9b. INDIVIDUAL'S SURNAME Feldheger FIRST PERSONAL NAME Robyn ADDITIONAL NAME(\$)/INITIAL(\$) Sue THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11c. MAILING ADDRESS 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 16. Description of real estate: (if Debtor does not have a record interest): 33066 S Shore Dr Mount VernonWA98274 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: