



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	
Mauvais	Robert	Douglas		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1810 East Division Street	Mount Vernon	WA	98274	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	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				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:
1917 S Wall St
Mount Vernon WA 98273
PARCEL ID: P52372
LEGAL DESCRIPTION:
A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 1917 S WALL ST, MOUNT VERNON, WA 98273-6509 CURRENTLY OWNED BY MAUVAIS R HAVING A TAX ASSESSOR NUMBER OF P52372 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS DK 3: LOTS 8 AND 9, BEL-AIR MANOR SECOND ADDITION, MOUNT VERNON, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 97, RECORDS OF SKAGIT COUNTY, WASHINGTON, DATED AND RECORDED.
Original Loan Amount: \$38,500.00

Pursuant to the Memorandum of Agreement dated 06/18/2024, whereby Robert Douglas Mauvais (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 Manufacture-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): Lessor/Lessor Consignor/Consignor Seller/Buyer Bailee/Bailee Lender/Lender

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	
Mauvais	
FIRST PERSONAL NAME	
Robert	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Douglas	

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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:
 1917 S Wall St
 Mount Vernon WA 98273
 PARCEL ID: P52372
LEGAL DESCRIPTION:
 A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 1917 S WALL ST, MOUNT VERNON, WA 98273-6509 CURRENTLY OWNED BY MAUVAIS R HAVING A TAX ASSESSOR NUMBER OF P52372 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS DK 3: LOTS 8 AND 9, BEL-AIR MANOR SECOND ADDITION, MOUNT VERNON, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 97, RECORDS OF SKAGIT COUNTY, WASHINGTON. DATED AND RECORDED .

17. MISCELLANEOUS: