## 202410040050

10/04/2024 01:35 PM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

	·				
UCC FINANCING STATEMENT AMENDMEI FOLLOW INSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
Chicago TitleIns. Co. clo Allyson Lagan 1835 Backley Blvd STE 105 LBellingham WA 98226					
clo Allyson Lagan					
1835 Barkley Blva SIE 105	1			Chicago Title	е
Libellingham WA 98226	لــ	THE ABOVE S	PACE IS FOR	620057243 FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202409050049		(or recorded) in the RE	AL ESTATE R	NDMENT is to be fited (for ECORDS in UCC3Ad) and provide Deb	-
2. TERMINATION: Effectiveness of the Financing Statement identified at		with respect to the security into		red Party authorizing th	is Termination
Statement Grantor-Elderlife Finance					oks .
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a o     For partial assignment, complete items 7 and 9 and also indicate affecte	r 7b, <u>and</u> address o d collateral in item	f Assignee in item 7c <u>and</u> nam 8	ie of Assignor i	n ilem 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respec	to the security interest(s) of (	Secured Party	authorizing this Continua	lion Statement is
5. PARTY INFORMATION CHANGE:					
Check Due of these (wo poxes:	one of these three b ANGE name and/or	address: CompleteADD	name: Complet	e itemDELETE name	: Give record name
This Change affects Debtor or Secured Party of record liter  6. CURRENT RECORD INFORMATION: Complete for Party Information Ct			7b, <u>and</u> item 7c	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAI NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
S. M.	T INCOME ENGO	V.C. 17 (1) C			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Organization's NAME	mation Change - provide	only <u>one</u> name (7a or 7b) (use exact, fi	ill name; do not om	it, modify, or abbreviate any part	of the Debtor's name}
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				·	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE CO	overed collateral	ASSIGN collateral
Indicate collateral:				_	
A NAME OF SECURED PARTY OF RECORD AUTHORISMS THE	AMENIDATES :				
	AMENDMENT: I de name of authorizi		o) (name of Ass	ignor, ir this is an Assigna	nentj
9a. ORGANIZATION'S NAME Elderlife Financial Lending, LLC					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	VÁL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					

1.1	NITIAL FINANCING STATEMENT FILE NUMBER: sai 12409050049	me as item 1a on Amendment form		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT:	: Same as item 9 on Amendment form		
	12a. ORGANIZATION'S NAME			
	Elderlife Financial Lending, LLC			
R	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
			THE ABOVE SPACE IS FOR FILING O	FFICE USE ONLY
	Name of DEBTOR on related financing statement (Nam			tion item 13): Provide o
	one Debtor name (13a or 13b) (use exact, full name; do not on	nit, modify, or abbreviate any part of the Debtor's na	ame); see Instructions if name does not fit	
	13a, ORGANIZATION'S NAME			
R	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITI	IAL(S) SUFFIX
	Brooks	Adrienne	Lin	
E -	The ENALOGIC OTLES WHITE			
3. I	This FINANCING STATEMENT AMENDMENT:	ibed in item 17 WASHIN	EL OF LAND LOCATED IN THI GTON, COUNTY OF SKAGIT, S OF 1101 N 12TH PL, MOUNT	WITH A SITU VERNON, WA
6.1	covers timber to be cut covers as-extracted collater	ral is filed as a fixture filing washing about in item 17 washing about in item 17 washing about item 17 washing about item 17 about item 17 about item 17 about item 18 a	EL OF LAND LOCATED IN THI GTON, COUNTY OF SKAGIT,	WITH A SITU VERNON, WA ROOKS DR NUMBER O ERTY MORE F 33, KULSHA ED ON FILE NO. OUNTY.