



**202601070032**

01/07/2026 01:32 PM Pages: 1 of 3 Fees: \$305.50  
Skagit County Auditor

**AFTER RECORDING MAIL TO:**

Name First American Title  
Address 2707 Colby Ave #601  
City/State Everett WA 98201

**Document Title(s):**

1. UCC3 Termination of Financing Statement

**Reference Number(s) of Documents Assigned or released:**

202409300014

**Grantor(s):**

1. Elderlife Financial
2. [ ] Additional information on page of document

**Grantee(s):**

1. Alford, Ann Lorraine
2. [ ] Additional information on page of document

**Abbreviated Legal Description:**

Parcel of Land located in the State of Washington, County of Skagit, address of 928 Carriage Ct 62, Sedro Woolley, WA 98284 owned by Alford Woodrow Alford

**Tax Parcel Number(s):**

P108524

[ ] Complete legal description is on page of document

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <i>Tara C 1st Amer. Title 425-551-2049</i>
B. E-MAIL CONTACT AT FILER (optional) <i>elderlife.financial@ymail.com</i>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <i>Elderlife Financial 2915 Regent Blvd. Ste100 Irving TX 75061</i>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**202409300014**

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

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

3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 8  
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:

Check one of these two boxes:  AND Check one of these three boxes to:  
This Change affects  Debtor or  Secured Party of record  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

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7b or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'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 covered collateral  ASSIGN collateral

Indicate collateral:

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

**Elderlife Financial Lending, LLC**

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
**202409300014**

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME  
**Elderlife Financial Lending, LLC**

OR  
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR  
13b. INDIVIDUAL'S SURNAME

**Alford**

FIRST PERSONAL NAME

**Ann**

ADDITIONAL NAME(S)/INITIAL(S)

**Lorraine**

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

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

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

**A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 928 CARRIAGE CT 62, SEDRO WOOLLEY, WA 98284-9299 CURRENTLY OWNED BY ALFORD WOODROW H/ALFORD ANN L HAVING A TAX ASSESSOR NUMBER OF P108524 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS (0.1000 AC) MANUFACTURED HOME ONLY 1999 MARLETTE/PACIFICA-M8212A 58X26 VIN# H017636AB; BSP CARRIAGE ESTATES STATE MOBILE HOME PARK, SPACE NUMBER 62 DATED AND RECORDED .**

18. MISCELLANEOUS: