



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) Tara C 1st Amer. Title 425.551.2049									
B. E-MAIL CONTACT AT FILER (optional) tamarac@firstam.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Elderlife Financial 2975 Regent Blvd. Ste 100 Irving TX 75061</div>									
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202409300014			1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13						
2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8									
4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b									
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)									
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME</div>									
OR									
<div style="border: 1px solid black; padding: 2px;">6b. INDIVIDUAL'S SURNAME</div>									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">FIRST PERSONAL NAME</td><td style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 30%;">SUFFIX</td></tr></table>					FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)									
<div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME</div>									
OR									
<div style="border: 1px solid black; padding: 2px;">7b. INDIVIDUAL'S SURNAME</div>									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 20%;">SUFFIX</td></tr><tr><td colspan="2" style="padding: 2px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr></table>					INDIVIDUAL'S FIRST PERSONAL NAME	SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		
INDIVIDUAL'S FIRST PERSONAL NAME	SUFFIX								
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">7c. MAILING ADDRESS</td><td style="width: 20%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 20%;">POSTAL CODE</td><td style="width: 10%;">COUNTRY</td></tr></table>					7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY					
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:									
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor									
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME</div>									
<div style="border: 1px solid black; padding: 2px;">Elderlife Financial Lending, LLC</div>									
OR									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 30%;">SUFFIX</td></tr></table>					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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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 filing16. 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: