

2021-017434**Klamath County, Oregon**

11/22/2021 08:25:01 AM

Fee: \$87.00

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 Barker		FIRST PERSONAL NAME Elwyn	ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX
1c. MAILING ADDRESS 12420 Elderwood Dr		CITY La Pine	STATE OR	POSTAL CODE 97739	COUNTRY 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 100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120		CITY HENDERSONVILLE	STATE TN	POSTAL CODE 37075	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All Fixtures appurtenant to:**12420 Elderwood Dr****La Pine OR 97739****PARCEL ID: R142321****LEGAL DESCRIPTION:****A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 12420 ALDERWOOD DR, LA PINE, OR 97739-9220 CURRENTLY OWNED BY BARKER ELWYN G HAVING A TAX ASSESSOR NUMBER OF R142321 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS SUN FOREST ESTATES, BLOCK 12, LOT 7, DETITLED MH, HID# 299269 AND DESCRIBED IN DOCUMENT NUMBER 4749 DATED 04/08/2020 AND RECORDED 04/14/2020.****Original Loan Amount: \$76,000.00**

Pursuant to the Memorandum of Agreement dated 11/19/2021, whereby Elwyn Barker (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 <u>only</u> if applicable and check <u>only</u> one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative					
6a. Check <u>only</u> if applicable and check <u>only</u> one box: ☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility			6b. Check <u>only</u> if applicable and check <u>only</u> one box: ☐ Agricultural Lien ☐ Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor					
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

Barker

FIRST PERSONAL NAME

Elwyn

ADDITIONAL NAME(S)/INITIAL(S)

G

SUFFIX

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

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:

12420 Elderwood Dr

La PineOR97739

PARCEL ID: R142321

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 12420 ALDERWOOD DR, LA PINE, OR 97739-9220 CURRENTLY OWNED BY BARKER ELWYN G HAVING A TAX ASSESSOR NUMBER OF R142321 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS SUN FOREST ESTATES, BLOCK 12, LOT 7, DETITLED MH, HID# 299269 AND DESCRIBED IN DOCUMENT NUMBER 4749 DATED 04/08/2020 AND RECORDED 04/14/2020.

17. MISCELLANEOUS: