

2022-003628

Klamath County, Oregon

03/25/2022 09:11:01 AM

Fee: \$87.00

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141                                                                                                                                        |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                                                                                                                                                         |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 55302 - Launch Servicing,<br><div style="display: flex; justify-content: space-between;"><div>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071</div><div>85597108<br/><br/>OROR<br/>FIXTURE</div></div> |  |
| File with: Klamath, OR                                                                                                                                                                                                                                             |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
2022-000404 0 0 1/11/2022 CC OR Klamath1b. ☒ 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 9  
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 6b6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

|                                                                    |                          |                     |                               |        |
|--------------------------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME<br>Cross River Bank c/o Sunlight Financial |                          |                     |                               |        |
| 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 (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                                          |                          |
|----------------------------------------------------------|--------------------------|
| 7a. ORGANIZATION'S NAME<br>SLSLT UNDERLYING TRUST 2020-1 |                          |
| OR                                                       | 7b. INDIVIDUAL'S SURNAME |
| INDIVIDUAL'S FIRST PERSONAL NAME                         |                          |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)               |                          |
| SUFFIX                                                   |                          |

|                                                                           |                    |             |                      |                |
|---------------------------------------------------------------------------|--------------------|-------------|----------------------|----------------|
| 7c. MAILING ADDRESS<br>c/o Wilmington Trust, NA, 1100 North Market Street | CITY<br>Wilmington | STATE<br>DE | POSTAL CODE<br>19890 | COUNTRY<br>USA |
|---------------------------------------------------------------------------|--------------------|-------------|----------------------|----------------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

Debtor Name and Address:

ELFBRANDT, GLENN A - 5522 EASTWOOD DR , KLAMATH FALLS, OR 97603

Secured Party Name and Address:

SLSLT UNDERLYING TRUST 2020-1 - c/o Wilmington Trust, NA 1100 North Market Street, Wilmington, DE 19890

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<br>Cross River Bank c/o Sunlight Financial |                          |                     |                               |        |
| OR                                                                 | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: ELFBRANDT, GLENN A  
85597108 LoanID 211944

LenderCode SUN004

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

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

2022-000404 0 0 1/11/2022 CC OR Klamath

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

12a. ORGANIZATION'S NAME

Cross River Bank c/o Sunlight Financial

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

ELFBRANDT

FIRST PERSONAL NAME

GLENN

ADDITIONAL NAME(S)/INITIAL(S)

A

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:

Legal Description GATEWOOD 1ST  
ADDITION BLOCK 9 LOT 13  
APN 3909014DB050  
County: KLAMATH  
Block: 9  
Lot: 13  
Section: 3.99E+16

18. MISCELLANEOUS: 85597108-OR-35 55302 - Launch Servicing, LL

Cross River Bank c/o Sunlight Financial File with: Klamath, OR

LoanID 211944 LenderCode SUN004