

DOUGLAS COUNTY, NV

2017-896556

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03/30/2017 08:25 AM

ORTRIS

KAREN ELLISON, RECORDER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) RAVAN GONZALEZ, 202-499-4716
B. E-MAIL CONTACT AT FILER (optional) RGONZALEZ@ELDERLIFEFINANCIAL.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; text-align: center;"> ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 7529 STANDISH PLACE, SUITE 300 ROCKVILLE, MD 20855 Parcel no. 1320-29-111-011 </div>

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 1D of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME Mayr	FIRST PERSONAL NAME Stanley	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX	
1c. MAILING ADDRESS Brookdale Reno-3105 Plumas Street	CITY Reno	STATE NV	POSTAL CODE 89509	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 1D of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME Mayr	FIRST PERSONAL NAME Carol	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX	
2c. MAILING ADDRESS 1161 White Oak Loop	CITY Minden	STATE NV	POSTAL CODE 89423	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 7529 STANDISH PLACE, SUITE 300	CITY ROCKVILLE	STATE MD	POSTAL CODE 20855	COUNTRY USA

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

1161 White Oak Loop
Minden NV 89423
PARCEL ID - 1320-29-111-011

17024237
Return to: Old Republic Title Co.
530 S Main St. Ste. 1031
Akron, OH 44311

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1161 WHITE OAK LOOP, MINDEN, NV 89423-5158 CURRENTLY OWNED BY MAYR STANLEY A & CAROL A HAVING A TAX ASSESSOR NUMBER OF 1320-29-111-011 AND DESCRIBED IN DOCUMENT NUMBER 426214 RECORDED 11/13/1997

Pursuant to the Memorandum of Agreement dated 03/14/2017, whereby Stanley A Mayr and Carol A Mayr (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 only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, Item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only 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

Mayr

FIRST PERSONAL NAME

Stanley

ADDITIONAL NAME(S)/INITIAL(S)

A

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:

1161 White Oak Loop
Minden, NV 89423
Parcel ID: 1320-29-111-011

A PARCEL OF LAND LOCATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1161 WHITE OAK LOOP, MINDEN, NV 89423-5158 CURRENTLY OWNED BY MAYR STANLEY A & CAROL A HAVING A TAX ASSESSOR NUMBER OF 1320-29-111-011 AND DESCRIBED IN DOCUMENT NUMBER 426214 RECORDED 11/13/1997

17. MISCELLANEOUS: