

DOUGLAS COUNTY, NV **2021-963487**
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\$60.00 Pgs=2 03/15/2021 09:23 AM
ELDERLIFE FINANCIAL LENDING, LLC
KAREN ELLISON, RECORDER

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
6 MONTGOMERY VILLAGE AVENUE, SUITE 410
GAITHERSBURG, MD 20879**

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 Rond	FIRST PERSONAL NAME Linda	ADDITIONAL NAME(S)/INITIAL(S) Sue	SUFFIX
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1c. MAILING ADDRESS

3349 Coloma Dr	CITY Carson City	STATE NV	POSTAL CODE 89705	COUNTRY USA
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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
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2c. MAILING ADDRESS

	CITY	STATE	POSTAL CODE	COUNTRY USA
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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
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3c. MAILING ADDRESS

6 MONTGOMERY VILLAGE AVENUE, SUITE 410	CITY GAITHERSBURG	STATE MD	POSTAL CODE 20879	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:

All Fixtures appurtenant to:

**3349 Coloma Dr
Carson City NV 89705
PARCEL ID: 1420-18-112-015**

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 3349 COLOMA DR, CARSON CITY, NV 89705-7200 CURRENTLY OWNED BY ROND JAMES L/ROND LINDA HAVING A TAX ASSESSOR NUMBER OF 1420-18-112-015 AND DESCRIBED IN DOCUMENT NUMBER 603-10961 DATED 06/10/2003 AND RECORDED 06/20/2003.

Original Loan Amount: \$11,400.00

Pursuant to the Memorandum of Agreement dated 03/12/2021, whereby Linda Sue Rond (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/Licenser

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	
Rond	
FIRST PERSONAL NAME	
Linda	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Sue	

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: 3349 Coloma Dr Carson City NV 89705 PARCEL ID: 1420-18-112-015 LEGAL DESCRIPTION: A PARCEL OF LAND LOCATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 3349 COLOMA DR, CARSON CITY, NV 89705-7200 CURRENTLY OWNED BY ROND JAMES L/ROND LINDA HAVING A TAX ASSESSOR NUMBER OF 1420-18-112-015 AND DESCRIBED IN DOCUMENT NUMBER 603-10961 DATED 06/10/2003 AND RECORDED 06/20/2003.
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17. MISCELLANEOUS: