SEC. DO. Pgs=1 02/02/2024 09:27 AN FIRST CENTENNIAL - RENO (MAIN OFFICE) SHAWNYNE GARREN, RECORDER  FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Allied Loan Servicing  B. E-MAIL CONTACT AT FILER (optional) Allied Loan Servicing  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gregory K. Cetchi c'o Allied Loan Servicing P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT FILE NUMBER P.O. Box 17942 Reno, NY 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL, FINANCING STATEMENT IS to be filled filed record of renormal continued for the Additional period provided by applicable for Part international confidence of Assignee in Item 7 cap drawn of Assignee in Item 9 cap and assignment is continued for the additional period provided by applicable few and additional decided collegeed in Item 7 cap drawn of Assignee in Item 9 cap and the Decide Statement is continued for the additional period provided by applicable few and period and additional decided collegeed in Item			DOUGLAS COUNTY, NV	2024-100445
FIRST CENTENNIAL - RENO (MAIN OFFICE) SHAWNYNE GARREN, RECORDER  FIRST CENTENNIAL - RENO (MAIN OFFICE) SHAWNYNE GARREN, RECORDER  A NAME & PHONE OF CONTACT AT FILER (optional) A NAME & PHONE OF CONTACT AT FILER (optional)  C. SEND ACKNOWLEDMENT TO: (Name and Address)  Gregory K. Cecchi Co Allied Loan Servicing P.O. Box 17942 Reno, NV 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FINANCING STATEMENT FILE NUMBER 2022224964-2  TREMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Terringation Statement address of Assignee in Item 7 as or 75, and address or 75, and address or 75, and address or 75, and Item 7 as or			Rec:\$60.00	02/02/2024 09:27 AM
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Allied Loan Servicing  B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gregory K. Cecchi  (**O Allied Loan Servicing  P.O. Box 17942  Reno, NV 89511  III This FINANCING STATEMENT AVENDMENT is to be filed flor record]  Fig. :: Gailed Amendment Addrand, Form UCCA94 aggl provide Debtar's pame in item 12  12 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination  3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7e or 7b; aggl address of Assignee in item 7c and name of Assignrein in item 9  For partial assignment, complete items 7 and 9 and also indicates affected colleteral in item 9  4. CONTINIATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is confinued for the additional period provided by applicable law  ADD CANTINIATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party suthorizing this Continuation Statement is confinued for the additional period provided by applicable law  ADD CHOCK and a statement is confinued for the additional period provided by applicable law  ADD Check and of these two boxes:  Check and of these two boxes:  AND Check and of these two boxes:  Check and of these two boxes:  AND Check and of these three boxes to:  CHANGE rame and/or address:  Complete item 7c 2 and after 7b, and item 7c 2 and after 7b, and item 7c 2 and 1b, and 7c 2 and 1b, and 7c 2 and 7b,				
B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gregory K. Cecchi c/o Allied Loan Servicing P.O. Box 17942 Reno, NV 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT STATEMENT AUDITORY 1a. INTIAL FINANCING STATEMENT FILE NUMBER 2022224964-2  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 7s or 7b; and address of Assignee in item 7c and name of Assignor in Item 9  For partial assignment, complete items 7 and 9g and also includate 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 and of these two boxes: This Change affects   Debtor or Secured Party of record   Item 6a or 6b; and item 7s or 7b; a				\ \
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c/o Allied Loan Servicing P.O. Box 17942 Reno, NV 89511  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE NUMBER  1b. This FINANCING STATEMENT AMENDMENT is to be filed flor record. (or recorded) in the REAL ESTATE RECORDS File: allied Amendment Additional (Form UCCSAd) gas provide before spanne in lem 13.  2c. 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 inclicate 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 aga of these two boxes:  This Change affects Debtor or Secured Party of second Change affects complete item This Change affects Debtor or Secured Party information Change - provide only one name (8a or 7b) and item 7c To be deleted in item 6a or 6b  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX	· · · · · · · · · · · · · · · · · · ·			\ \
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE NUMBER 2022224964-2  1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) [or recorded) in the Rex Les Tarte RECORDS Filer, effect was a form Ucc3x49, and provide Debtors pame 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  3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7 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 continued for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check and of these two boxes:  This Change affects Debtor or Secured Party of record Item 6a or 6b; and Item 7a or 7b, and Item 7c  Becured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  5. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only and name (8a or 6b)  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only and name (8a or 6b)  6. INDIVIDUAL'S SURNAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only and name (7a or 7b) (use exact, 5d financ; do not omit, modify, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  SUFFIX				\ \
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Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.  TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement (Form UCC3Ad) and provide Debtor's name in item 13.  ASSIGNMENT (full or partial): Provide name of Assignee in Item 7 a 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 three boxes to: This Change affects Debtor or Secured Party of record ame and/or secured 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. CHANGE mame and/or secured secured boxes: This Change affects Debtor or Secured Party of record name for Party Information Change - provide only one name (as or 6b)  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (as or 6b)  6. 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 imams; do not omit, modify, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX				
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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  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	6a. ORGANIZATION S NAME			
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  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIONAL NAM	ME(S)/INITIAL(S) SUFFIX
7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	/ /			, , , , , , , , , , , , , , , , , , , ,
OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf	formation 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)
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	7a. ORGANIZATION'S NAME			
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	OR -			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	76. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	INDIVIDUAL'S SIRST DERSONAL NAME			
	INDIVIDUAL OF INOT FERODIAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY				
	7c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
	Indicate collateral:			JACOTOR CONGRETA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:	Lot 75, of the Final Map of a Planned Unit Develop	nent DP 18-0201, Moun	tain Meadow Estates, acco	ording to the map
Indicate collateral:	thereof, filed in the Office of the County Recorder of	f Douglas County, Neva	da on April 14, 2021 as Do	ocumet No.
Indicate collateral:  Lot 75, of the Final Map of a Planned Unit Development DP 18-0201, Mountain Meadow Estates, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 14, 2021 as Documet No.	2021-965462, and by Certificate of Amendment reco	orded February 17, 2022	as Document No. 2022-98	1344, Official Records.
Indicate collateral:  Lot 75, of the Final Map of a Planned Unit Development DP 18-0201, Mountain Meadow Estates, according to the map	444 1 W G NY 00444			
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Indicate collateral:  Lot 75, of the Final Map of a Planned Unit Development DP 18-0201, Mountain Meadow Estates, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 14, 2021 as Documet No. 2021-965462, and by Certificate of Amendment recorded February 17, 2022 as Document No. 2022-981344, Official Records.  Also known as: 441 Axelson Way, Genoa, NV 89411  APN; 1419-26-311-075  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				
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Lot 75, of the Final Map of a Planned Unit Development DP 18-0201, Mountain Meadow Estates, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 14, 2021 as Documet No. 2021-965462, and by Certificate of Amendment recorded February 17, 2022 as Document No. 2022-981344, Official Records.  Also known as: 441 Axelson Way, Genoa, NV 89411  APN; 1419-26-311-075  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  Gregory K. Cecchi	Cecchi	Gregory		
Lot 75, of the Final Map of a Planned Unit Development DP 18-0201, Mountain Meadow Estates, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 14, 2021 as Documet No. 2021-965462, and by Certificate of Amendment recorded February 17, 2022 as Document No. 2022-981344, Official Records.  Also known as: 441 Axelson Way, Genoa, NV 89411  APN; 1419-26-311-075  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  Gregory K. Cecchi  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX	40 OPTIONAL EUER REFERENCE RATA			

10. OPTIONAL FILER REFERENCE DATA:
Original recorded UCC Document No. 2022-981583, recorded on Mountain Meadow Estates, LLC