Michels   Robert   H							
RECLOW INSTRUCTIONS  NAME & PROLE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500  B. E-MAIL CONTACT AT FILER (optional) Usefuling delertific financial Lending, LLC - 888-228-4500  S. E-MAIL CONTACT AT FILER (optional) Usefuling delertific financial Lending, LLC - 888-228-4500  S. E-MAIL CONTACT AT FILER (optional) Usefuling delertific financial Lending, LLC ATTIN: LEGAL DEPARTMENT 100 Bluegrass Commons Blvd, Bldg, I, Ste. 120 HENDERSONVILLE, TN 37075  L. DEBTOR'S NAME: Provide only aga Debtor name (% or 10) (sine east, full name, so not one, modify, or abbreviate any part of the Debtor's name), if any part of the Debtor name (% or 20) (see east, full name, do not name, needly, or abbreviate any part of the Debtor's name), if any part of the Debtor name (% or 20) (see east, full name, do not name, needly, or abbreviate any part of the Debtor name, if a	ICC FINANCING STATEMENT		L	ANCASTI	ER COUNTY, SC		
A NAME & PHONE OF CONTACT AT FILER (optional) ElderHife Financial Lending, LLC - 888-228-4500  B. E-MALI CONTACT AT FILER (optional) uccfiling @ defertificfinancial.com  C. SEND ACRONOM, ECORENT TO. (Name and Address)  FELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 Bluegrass Commons Btd, Bdg, 1, Ste. 120 HENDERSONVILLE, TN 37075  LANCASTER, COUNTY SC By: STEPHANIE RNIGHT BR: MORT 5224 PS: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gag Deleter name (1s or 1to) (use exact, bull mane, do not crim, modify, or aboversible any gast of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addressian Pion Holl of the Financing Statement Ad							
EMAIL CONTACT AT FILER (optional) uccfilling @elderlife financial.com Uccfilling @elderlife financial.com Uccfilling @elderlife financial.com ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 Bluegrass Commons BMd, Bldg, 1, Ste. 120 HENDERSONVII.LE, TN 37075  Lancastra, country Sc. By: STEPHANIE RNIGHT BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 100 Bluegrass Commons BMd, Bldg, 1, Ste. 120 HENDERSONVII.LE, TN 37075  Lancastra, country Sc. By: STEPHANIE RNIGHT BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 Bluegrass Commons BMd, Bldg, 1, Ste. 120 HENDERSONVII.LE, TN 37075  Lancastra, country Sc. By: STEPHANIE RNIGHT BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 12 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 14 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 15 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 BR: MORT 5224 Pg: 100-101  THE ABOVE SPACE IS FOR FILING OFFICE	A. NAME & PHONE OF CONTACT AT FILER (optional)				•		
B. B. MAIL COMPACT AF PLEK (coptonal)  uccfiling @delderlifefinancial.com  C. SEND ACKNOWLEDGMENT TO. (Name and Address)  ELDERLIPE FINANCIAL LENDING, LLC  ATTN: LEGAL DEPARTMENT  100 Bluegrass Commons Blvd, Bldg. 1, Stc. 120  HENDERSONVILLE, TN 37075  L. DEBTOR'S NAME. Powde only aga Debtor name (1s to 15) (one exact. Left name, do set and, mostly, or abbreviate any got of the Debtor's name), if any got of the Individual Debtor information in term 10 of the Financing Statement Addressium (Form UCC) Addressive and the Individual Debtor information in term 10 of the Financing Statement Addressium (Form UCC) Addressive Addressive Ad	Elderlife Financial Lending, LLC - 888-228-4500				•		
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CITY   STATE   POSTAL CODE   COL	16. INDIVIDUAL'S SURNAME				NAL NAME(S)/INITIAL(S)	SUFFIX	
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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 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 UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and provide Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ag) and Individual Debtor Individual Part Individual Debtor Individual Part				1	1	COUNTRY	
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SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a ORGANIZATION'S NAME  ELDERLIFE FINANCIAL LENDING, LLC  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120  COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to: 6.327 Cherry Blossom Cir Fort MillsC29707  PARCEL DF LAND LOCATED IN THE STATE OF SOUTH CAROLINA, COUNTY OF LANCASTER, WITH A SITUS ADDRESS OF 6327  CHERRY BLOSSOM CUR, FORT MILL. SC 29707-5865 CURRENTLY OWNED BY MICHELS ROBERT H/MICHELS BARBARA HAVING A ASSESSOR NUMBER OF 0013N-0C-004.00 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS 31.6X126.9X118.3X147 AND DESCRIBED IN DOCUMENT NUMBER 429-284 DATED 10/18/2007 AND RECORDED 10/24/2007.  Original Loan Amount: \$44,000.00  Pursuant to the Memorandum of Agreement dated 10/25/2024, whereby Robert H Michels and Barbara H Michels (borrower(s)) promise to pay the 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.	Michels  Michels	Barbara		H			
ADDITIONAL NAME  ELDERLIFE FINANCIAL LENDING, LLC  6. MAILING ADDRESS  100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120  COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to: 6327 Cherry Blossom Cir Fort MillsC29707  PARCEL ID: 0013N-0C-004.00  LEGAL DESCRIPTION: A PARCEL ID: LAND LOCATED IN THE STATE OF SOUTH CAROLINA, COUNTY OF LANCASTER, WITH A SITUS ADDRESS OF 6327  CHERRY BLOSSOM CIR, FORT MILL, SC 29707-5865 CURRENTLY OWNED BY MICHELS ROBERT H/MICHELS BARBARA HAVING A ASSESSOR NUMBER OF 0013N-0C-004.00 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS 31.6X126.9X118.3X147 ANI DESCRIBED IN DOCUMENT NUMBER 429-284 DATED 10/18/2007 AND RECORDED 10/24/2007.  Original Loan Amount: \$44,000.00  Pursuant to the Memorandum of Agreement dated 10/25/2024, whereby Robert H Michels and Barbara H Michels (borrower(s)) promise to pay the 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.						USA	
ELDERLIFE FINANCIAL LENDING, LLC    State   First personal name   Additional name(s)/initial(s)   Suffice   State   Postal code   Collateral: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appured the postal collateral: All Fixtures appured the postal collateral: All Fixtures appured to:   COLLATERAL: This financing statement covers the following collateral: All Fixtures appured the postal collateral: A		RED PARTY): Provide only one	Secured Party nan	ne (3a or 3b	))		
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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.	L						
5. Check only if applicable and check only one box: Collateral is held in a Trust (see LICC1Ad item 17 and Instructions).	All Fixtures appurtenant to: 6327 Cherry Blossom Cir Fort MillSC29707 PARCEL ID: 0013N-0C-004.00 LEGAL DESCRIPTION: A PARCEL OF LAND LOCATED IN THE STATE OF SOUTH CAF CHERRY BLOSSOM CIR, FORT MILL. SC 29707-5865 CURRENT ASSESSOR NUMBER OF 0013N-0C-004.00 AND BEING THE SAM DESCRIBED IN DOCUMENT NUMBER 429-284 DATED 10/18/200	FLY OWNED BY MICHI IE PROPERTY MORE F	ELS ROBERT ULLY DESCR	H/MICH	ELS BARBARA HA	VING A TAX	
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International Association of Commercial Administrators (IACA)

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

$\vdash$	a. ORGANIZATION'S NAME				
	o. individual's surname Michels				
-	FIRST PERSONAL NAME				
F	Robert				
L	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
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_	not omit, modify, or abbreviate any part of the Debtor's name) and enter the material or	nailing address in line 10c			
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10	b. INDIVIDUAL'S SURNAME				
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