

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

LANCASTER COUNTY, SC
2024013284 UCC - LAND
RECORDING FEES \$25.00
STATE TAX \$0.00
COUNTY TAX \$0.00
PRESENTED & RECORDED
10-29-2024 09:40:38 AM
BRITTANY GRANT
REGISTER OF DEEDS
LANCASTER, COUNTY SC
By: STEPHANIE KNIGHT
BK:MORT 5224 PG:100-101

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
100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120
HENDERSONVILLE, TN 37075

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: Michels
FIRST PERSONAL NAME: Robert
ADDITIONAL NAME(S)/INITIAL(S): H
SUFFIX:
1c. MAILING ADDRESS: 6327 Cherry Blossom Cir
CITY: Fort Mill
STATE: SC
POSTAL CODE: 29707
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 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME
OR
2b. INDIVIDUAL'S SURNAME: Michels
FIRST PERSONAL NAME: Barbara
ADDITIONAL NAME(S)/INITIAL(S): H
SUFFIX:
2c. MAILING ADDRESS: 6327 Cherry Blossom Cir
CITY: Fort Mill
STATE: SC
POSTAL CODE: 29707
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: 100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120
CITY: HENDERSONVILLE
STATE: TN
POSTAL CODE: 37075
COUNTRY: USA

4. COLLATERAL: This financing statement covers the following collateral:
All Fixtures appurtenant to:
6327 Cherry Blossom Cir
Fort Mill SC 29707
PARCEL ID: 0013N-0C-004.00
LEGAL DESCRIPTION:
A PARCEL OF 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 TAX 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 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

Michels

FIRST PERSONAL NAME

Robert

ADDITIONAL NAME(S)/INITIAL(S)

H

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:

**6327 Cherry Blossom Cir
Fort Mill SC 29707
PARCEL ID: 0013N-0C-004.00
LEGAL DESCRIPTION:
A PARCEL OF 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 TAX 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.**

17. MISCELLANEOUS: