



## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Elderlife Financial Lending, LLC - 888-228-4500</b>                                                   |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfiling@elderlifefinancial.com</b>                                                                           |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>CSC</b><br><b>801 ADLAI STEVENSON DRIVE</b><br><b>SPRINGFIELD, IL 62703</b><br><br>Order 277057988 |

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<br><b>Stefanow</b> |                         | FIRST PERSONAL NAME<br><b>Mary</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>J</b> | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>752 Cooper St</b> |                                             | CITY<br><b>Woodbury</b> | STATE<br><b>NJ</b>                 | POSTAL CODE<br><b>08096</b>               | COUNTRY<br><b>USA</b> |

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                |
| 2c. MAILING ADDRESS     |                          | CITY | STATE               | POSTAL CODE                   | COUNTRY<br><b>USA</b> |

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<br><b>ELDERLIFE FINANCIAL LENDING, LLC</b>        |                          |                               |                     |                               |                       |
| OR                                                                        | 3b. INDIVIDUAL'S SURNAME |                               | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120</b> |                          | CITY<br><b>HENDERSONVILLE</b> | STATE<br><b>TN</b>  | POSTAL CODE<br><b>37075</b>   | COUNTRY<br><b>USA</b> |

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

All Fixtures appurtenant to:

301 Columbia Blvd  
National Park NJ 08063  
PARCEL ID: 12-00015-0000-00012

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF NEW JERSEY, COUNTY OF GLOUCESTER, WITH A SITUS ADDRESS OF 301 COLUMBIA BLVD, NATIONAL PARK, NJ 08063-1013 CURRENTLY OWNED BY STEFANOW MARY J HAVING A TAX ASSESSOR NUMBER OF 12-00015-0000-00012 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS L13 DATED AND RECORDED.

Original Loan Amount: \$78,000.00

Pursuant to the Memorandum of Agreement dated 02/22/2024, whereby Mary J Stefanow (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

**Stefanow**

FIRST PERSONAL NAME

**Mary**

ADDITIONAL NAME(S)/INITIAL(S)

**J**

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

**301 Columbia Blvd**

**National Park NJ 08063**

**PARCEL ID: 12-00015-0000-00012**

**LEGAL DESCRIPTION:**

**A PARCEL OF LAND LOCATED IN THE STATE OF NEW JERSEY, COUNTY OF GLOUCESTER, WITH A SITUS ADDRESS OF 301 COLUMBIA BLVD, NATIONAL PARK, NJ 08063-1013 CURRENTLY OWNED BY STEFANOW MARY J HAVING A TAX ASSESSOR NUMBER OF 12-00015-0000-00012 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS L13 DATED AND RECORDED.**

17. MISCELLANEOUS: