

Skamania County, WA  
Total: \$305.50 Pgs=3  
UCCT  
Request of: FIRST AMERICAN TITLE INSURANCE COMPANY  
eRecorded by: Simplifile

**2025-001909**  
12/01/2025 08:19 AM

**Return to:**  
FIRST AMERICAN TITLE INSURANCE CO.  
4795 REGENT BLVD, 1006-A  
IRVING, TX 75063  
ATTN: RECORDING

**-Please print or type information WASHINGTON RECORDER'S Cover Sheet (RCW 65.04)**

**Document Title(s)** UCC FINANCING STATEMENT AMENDMENT

**Reference Number(s) of Related Documents:** 2025-001662

**Additional reference #'s on page** of document

**Grantor(s):** CAROLYN E KORST

**Grantee(s):** GOODLEAP, LLC

**Legal description :**

Lot 6, Block 3, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 9, also recorded in Book 'B' of Plats, Page 25, in the County of Skamania, State of Washington.

**Assessor's Property Tax Parcel/Account Number:** 02073011330000

**Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.**

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

\_\_\_\_\_  
**Signature of Requesting Party**

Record at the request of and  
when recorded return to:  
GoodLeap, LLC

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional) filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2025-001662      10/21/2025				
1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.				
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT: 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; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8				
4. <input type="checkbox"/> 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 <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME Korst				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 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) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only <u>one</u> box: Indicate collateral:		<input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral		
*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME GoodLeap, LLC				
OR 9b. INDIVIDUAL'S SURNAME      FIRST PERSONAL NAME      ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX				
10. OPTIONAL FILER REFERENCE DATA: 2515032241      TERM      Carolyn E Korst and Steven G Korst				

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**  
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
2025-001662 10/21/2025

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME  
GoodLeap,LLC

OR  
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction Item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME

OR  
13b. INDIVIDUAL'S SURNAME  
Korst

FIRST PERSONAL NAME  
Carolyn

ADDITIONAL NAME(S)/INITIAL(S)  
E

14. ADDITIONAL SPACE FOR (CHECK ONE BOX):  ITEM 8 (Collateral) OR  OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(If Debtor does not have a record interest):

Carolyn E Korst and Steven G Korst

17. Description of real estate:

306 WANA KAWOK ST, NORTH BONNEVILLE, WA,  
98639

COUNTY SKAMANIA

APN 02073011330000

LOT 6 BLK 3 RELOCATED NORTH BONNEVILLE BK  
BPG 9 26,878 SQ FT

18. MISCELLANEOUS: