

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)				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">GoodLeap, LLC</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">PO Box # 981440</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">El Paso, TX 79998- 1440</div>				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2025-001662		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. 10/21/2025		
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: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to:				
This Change affects <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		FIRST PERSONAL NAME Carolyn	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX
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)				
SUFFIX				
7c. MAILING ADDRESS				
CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral				
Indicate collateral: <small>*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</small>				
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

OR	12a. ORGANIZATION'S NAME GoodLeap,LLC	
	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

OR	13a. ORGANIZATION'S NAME			
	13b. INDIVIDUAL'S SURNAME Korst	FIRST PERSONAL NAME Carolyn	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX

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: