

# **ATTACHMENT N**

NOTICE OF UCC-3 PARTIAL ASSIGNMENT RECORDING

Certified Mail No. 7022 3330 0001 7589 4732

FROM: :Lenka: Koloma  
c/o HC 69 Box 3029  
Santa Margarita, California [93453]  
without U.S.

TO: Bruce J. Williams, acting as Chief Executive Officer  
NewRez LLC  
1100 Virginia Drive, Suite 125  
Fort Washington, PA 19034

RE: Loan Number 003 980 5114

Dated this 22<sup>nd</sup> day of May, 2023

## NOTICE OF UCC-3 PARTIAL ASSIGNMENT RECORDING

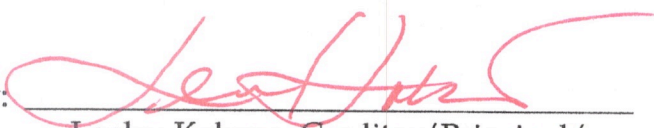
NOTICE TO PRINCIPAL IS NOTICE TO AGENT AND NOTICE TO AGENT IS  
NOTICE TO PRINCIPAL

Dear Bruce J. Williams,

Enclosed please find recorded UCC-3 Partial Assignment that was submitted to you via Registered Mail No. RE 393 369 584 US and received on May 12, 2023 at 10:06am to set off/terminate the above referenced loan number 0039805114 that has been recorded on California state, a republic, document recording number 0b746ca7.

Should this not suffice please have your legal or finance department prepare and provide the proper instrument to satisfy the transfer/exchange to terminate the mortgage. Absent this settlement there may be required an order to show cause why this accounting should not be completed and settled as intended, or in the alternative have the Treasurer of the United States prepare an International Bill of Exchange for my acceptance and "special deposit".

by:

  
:Lenka: Koloma, Creditor/Principal/  
Secured Party-Assignor

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

de jure Nevada county  
California republic  
Recorder on Land

c/o: 2036 Nevada City Highway #28 [near: 95945]  
Grass Valley (45), California republic, u. S. of A.

## A. NAME & PHONE OF CONTACT AT FILER [optional]

Lenka Koloma

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lenka Koloma  
c/o HC 69 BOX3029  
Santa Margarita, California [93453] - without U.S.

Recording Date: April 10, A.D. 2023

Reference: 0bbb2ed6

Recording: e3fb45e1

Recorded By: *Pamela*

Seal

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

### 1a. ORGANIZATION'S NAME

OR

### 1b. INDIVIDUAL'S LAST NAME

Williams

### FIRST NAME

Bruce

### MIDDLE NAME

J.

### SUFFIX

### 1c. MAILING ADDRESS

1100 Virginia Drive, Suite 125

### CITY

Fort Washington

### STATE

PA

### POSTAL CODE

19034

### COUNTRY

US

### 1d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

### 1e. TYPE OF ORGANIZATION

### 1f. JURISDICTION OF ORGANIZATION

### 1g. ORGANIZATIONAL ID #, if any

NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

### 2a. ORGANIZATION'S NAME

NewRez LLC

OR

### 2b. INDIVIDUAL'S LAST NAME

### FIRST NAME

### MIDDLE NAME

### SUFFIX

### 2c. MAILING ADDRESS

1100 Virginia Drive, Suite 125

### CITY

Fort Washington

### STATE

PA

### POSTAL CODE

19034

### COUNTRY

US

### 2d. TAX ID #: SSN OR EIN

371-54-2226

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

### 2e. TYPE OF ORGANIZATION

LLC

### 2f. JURISDICTION OF ORGANIZATION

nationwide

### 2g. ORGANIZATIONAL ID #, if any

000489798

NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

### 3a. ORGANIZATION'S NAME

OR

### 3b. INDIVIDUAL'S LAST NAME

Koloma

### FIRST NAME

Lenka

### MIDDLE NAME

### SUFFIX

### 3c. MAILING ADDRESS

c/o HC 69 Box 3029

### CITY

Santa Margarita

### STATE

ca

### POSTAL CODE

[93453]usa

### COUNTRY

## 4. This FINANCING STATEMENT covers the following collateral:

The following Lien is herewith registered in TORT CLAIM LIEN, Certified Mail number 7022 2410 0000 2723 9849 supported by Affidavits. Said lien is based upon 'Stipulation and Agreement' via silence by Debtor, wherein Claim Debtor pursuant to Lien Claimant's 'Private Administrative Process' (Notice of Liability) as sent to Claim Debtor via Certified Mail No. 70220410000064195104 and received on November 11, 2022 whereupon Claim Debtor went into DEFAULT. Said 'Private Administrative Process' is part of official court of record found with the Debtor. Upon failure and refusal Claim Debtor to rebut/respond upon his default said Claim Debtor stipulated, agreed and confessed by silence, general acquiescence, did act by collusion and conspired to commit CONSTRUCTIVE FRAUD, CHAIN CONSPIRACY, THEFT, EXTORTION, INVOLUNTARY SERVITUDE and otherwise the injury to the Secured Party. Claim Debtor became estopped of any defense due to agreement, stipulation and confession as to acts of fraud and therein to facts as they operate in favor of Lien Claimant as to injuries claimed as evidence in the record. [CONTINUED ON THE NEXT PAGE]

## 5. ALTERNATIVE DESIGNATION [if applicable]

LESSEE/LESSOR

CONSIGNEE/CONSIGNOR

BAILEE/BAIOLR

SELLER/BUYER

AG. LIEN

NON-UCC FILING

## 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

## 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]

All Debtors

Debtor 1

Debtor 2

## 8. OPTIONAL FILER REFERENCE DATA



# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|    |  |                     |                           |
|----|--|---------------------|---------------------------|
| OR | 9a. ORGANIZATION'S NAME<br>NewRez LLC  |                     |                           |
|    | 9b. INDIVIDUAL'S LAST NAME<br>Williams | FIRST NAME<br>Bruce | MIDDLE NAME, SUFFIX<br>J. |

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                                  |                             |                                   |                           |                                   |
|----------------------------------|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|
| OR                               | 11a. ORGANIZATION'S NAME    |                                   |                           |                                   |
|                                  | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |
| 11c. MAILING ADDRESS             |                             | CITY                              | STATE                     | POSTAL CODE                       |
| 11d. TAX ID # SSN OR FIN         |                             | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION |
| 11g. ORGANIZATIONAL ID #, if any |                             | <input type="checkbox"/> NONE     |                           |                                   |

## 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                                  |                             |                                   |                           |                                   |
|----------------------------------|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|
| OR                               | 12a. ORGANIZATION'S NAME    |                                   |                           |                                   |
|                                  | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |
| 12c. MAILING ADDRESS             |                             | CITY                              | STATE                     | POSTAL CODE                       |
| 12d. TAX ID # SSN OR FIN         |                             | ADD'L INFO RE ORGANIZATION DEBTOR | 12e. TYPE OF ORGANIZATION | 12f. JURISDICTION OF ORGANIZATION |
| 12g. ORGANIZATIONAL ID #, if any |                             | <input type="checkbox"/> NONE     |                           |                                   |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate.

This is 'Accounts Receivable' and is private property of Lien Claimant and maybe sold, exchanged, or otherwise utilized to benefit of Lien Claimant as remedy 'in law' or 'at law', administrative, private or otherwise and as may be settled or per settlement in full satisfaction and accord for adjustment and closure to matter by Debtor.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

Debtor also failed in his opportunity to cure his fault of non-response and was found/placed in DEFAULT on the record and Lien Claimant under necessity herein exercises exclusive remedy under tacit procuration / agreement of the 'Claim Debtor' as 'agent' for the County of Orange commissioned by the State of California as to any liability and this Lien as well as County of Orange, as agent, is also in agreement.  
[CONTINUATION ON 'ATTACHMENT A']

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☒ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured Home Transaction — effective 30 years

☐ Filed in connection with a Public Finance Transaction — effective 30 years

## ATTACHMENT A

Lien Claimant/Creditor herein claims Tort Damages of a SUM CERTAIN \$7,682,500.00 (Seven Million Six Hundred Eighty Two Thousand and Five Hundred Dollars ) in USD/Money of account - convertible to US Silver Dollar at par. Said Tort Claim Lien has perfected per 90 days (Billing Time Period) has lapsed without payment. Said Lien becomes an 'accounts receivable' and the accounts receivable becomes the private property of the Lien Claimant and all parties to this Tort Claim Lien agree that said claim converts to said accounts receivable and may be exchanged, traded, sold, assigned or otherwise to the benefit of the Lien Claimant.

Default and dishonor as established in the record, therefore the following is liened of the Debtor (and spouse - if any!); Any and all savings accounts, bank accounts, debit card accounts, personal and private property (land, real estate, buildings, cars, trucks, boats, airplanes and recreational vehicles); All jewelry, art work, collections; All personal judgments, stocks, bonds, insurance and certificate(s) of deposit(s), retirement accounts (State and Federal); All inheritance and intangible property; All accounts receivable; All co-partner assets, Federal Reserve Stock, and U.S. Bonds, and the signature of the Debtor.

All the above is liened in the SUM CERTAIN of SEVEN MILLION SIX HUNDRED EIGHTY TWO THOUSAND AND FIVE HUNDRED DOLLARS (\$7,682,500.00) USD, Amero Dollar, in FUNCTIONAL CURRENCY and/or in Money of Account and/or Silver at par value, until full accord and satisfaction has been given to the Secured Party in full or per settlement. PROPERTY EXCLUDED: wedding rings, family pictures, one vehicle, and basic clothing. This common-law lien, by agreement of the parties is valid for ninety nine (99) years or until satisfied.

This Lien is a Lien of Factor at Common Law.



# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

de jure Nevada county  
California republic  
Recorder on Land

c/o: 2036 Nevada City Highway #28 [near: 95945]  
Grass Valley (45), California republic, u. S. of A.

A. NAME & PHONE OF CONTACT AT FILER [optional]

:Lenka: Koloma; (949) 290-4544

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

:Lenka: Koloma  
c/o HC 69 Box 3029  
Santa Margarita, California [near 93453]  
without U.S.

Recording Date: May 11, A.D. 2023

Reference: 0bbb2ed6

Recording: 0b746ca7

Recorded By: *Pamela E.*

Seal

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

e3fb45e1

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed [for record] (or recorded) in the  
REAL ESTATE RECORDS

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☒ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☒ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Please refer to the detailed instructions  
in regards to changing the name/address of a party

☐ DELETE name: Give record name  
to be deleted in item 6a or 6b.

☐ ADD name: Complete item 7a or 7b, and also item 7c;  
also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

NewRez LLC

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

1100 Virginia Drive, Suite 125

CITY

Fort Washington

STATE

PA

POSTAL CODE

19034

COUNTRY

USA

7d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

7e. TYPE OF ORGANIZATION  
LLC

7f. JURISDICTION OF ORGANIZATION  
UNITED STATES

7g. ORGANIZATIONAL ID #, if any  
000489798

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box:

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☒ assigned.

ASSIGNMET OF CREDIT—in consideration that the Creditor, Lenka Koloma, is estopped from paying debts at law due to lack of constitutional money of exchange in circulation, on behalf of surety, LENKA KOLOMA (Ens legis/corporate entity) and therein under necessity, Creditor, Lenka Koloma, herein tenders this Partial Assignment of collateral via her Accounts Receivable in the dollar amount \$122,161.79 (One Hundred Twenty Two Thousand One Hundred Sixty One Dollars and Seventy Two Cents) USD/Money of Account/Credit backed and secured by collateral assets as presented and tendered to Bruce J. Williams/NewRez LLC, 1100 Virginia Drive, Suite 125, Fort Washington, Pennsylvania [19034] on mortgage account number 0039805114 by assignor Lenka Koloma to the assignee, Bruce J. Williams/NewRez LLC CEO, the assignor, under necessity assign, transfer and set over to the assignee the said credit as enumerated above as sent to the assignee via USPS Registered Mail No. RE 393 369 584 US, via PS Form 3811 (Green Card) by Third Party Douglas W. Hysell on behalf of Lenka Koloma and LENKA KOLOMA. [SEE ATTACHMENT A]

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S LAST NAME

Koloma

FIRST NAME

Lenka

MIDDLE NAME

SUFFIX

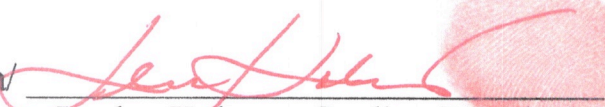
10. OPTIONAL FILER REFERENCE DATA

Loan Number 003 980 5114

## ATTACHMENT A

Said mortgage, loan number 003 980 5114, is herein accepted for value and the Assignment is tendered for payment via substance/assets in the amount \$122,161.79 (One Hundred Twenty Two Thousand One Hundred Sixty One Dollars and Seventy Nine Cents). This Assignment as filed with the Commercial Chamber as accepted and verified by the assigned Recording Number e3fb45rl by California republic and this filing is to be recognized by any other State via Article 4 Section 1 of the U.S. Constitution as it operates upon so-called Union of States. i, :Lenka: Koloma, as the Creditor/Principal-Assignor do hereby and herein declare, consent and partially assign the foregoing collateral/asset in the amount of \$122,161.79 (One Hundred Twenty Two Thousand One Hundred Sixty One Dollars and Seventy Nine Cents) to the Assignee under necessity.

/a/

  
:Lenka: Koloma, Creditor/Principal/  
Secured Party-Assignor



U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

Postage and Fees

|   |               |
|---|---------------|
| Postage   | \$0.63        |
| Adult Signature Restricted Delivery                       | \$0.00        |
| Adult Signature Restricted Delivery                       | \$0.00        |
| Certified Mail Restricted Delivery                        | \$0.00        |
| Return Receipt (electronic)                               | \$0.00        |
| Return Receipt (hardcopy)                                 | \$0.00        |
| Extra Services & Fees (check box, add fee as appropriate) | \$0.00        |
| Certified Mail Fee  | \$4.15        |
| <b>Total Postage and Fees</b>                             | <b>\$8.13</b> |

Sent to: **Neuree LLC (Bruce T. Williams)**  
 Street and Apt. No., or PO Box No. **1100 VIRGINIA DRIVE STE 125**  
 City, State, ZIP+4® **FORT WASHINGTON, PA 19034**

Postmark Here **05/22/2023**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 3330 0001 7589 4732

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Neuree LLC**  
**ATTN: Bruce T. Williams**  
**(CEO)**  
**1100 VIRGINIA DRIVE**  
**STE 125**  
**FORT WASHINGTON**  
**PA 19034**

2. Article Number (Transfer from service label)  
**7022 3330 0001 7589 4732**

3. Service type  
☐ Insured Mail (over \$500)  
☐ Insured Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery

4. Signature  
☐ Agent  
☐ Addressee  
☒ Signature  
**X Michael Lubanski**

5. Received by (Printed Name)  
**Michael Lubanski**

6. Date of Delivery  
**6-8**

7. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

8. Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt