UCC FINANCING STATEMENT AMI FOLLOW INSTRUCTIONS	ENDMENT	,				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-		818-662-4141	,			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address	30691 - RED	BRICK	1		-	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	79030823 ALAL		20210218000080780 1/3 \$41.00 Shelby Cnty Judge of Probate, AL 02/18/2021 08:24:24 AM FILED/CERT			
1	FIXT	JRE				——————————————————————————————————————
File with: Shelby, AL			THE ABOVE	SPACE IS FO	R FILING OFFICE	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20160812000288260 8/12/2016 CC AL She	lby		b. This FINANCING Sometime (or recorded) in the	STATEMENT AM e REAL ESTATE	ENDMENT is to be fil RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement	ent identified above i	is terminated with				
3. ASSIGNMENT (full or partial): Provide name of Assigne For partial assignment, complete items 7 and 9 and also	e in item 7a or 7b, <u>a</u> o indicate affected c	and address of Assollateral in item 8	signee in item 7c <u>and</u> nam	ne of Assignor in	item 9	
 CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable 	nent identified above le law	e with respect to the	e security interest(s) of Se	ecured Party auth	norizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:					<u>. </u>	
Check one of these two boxes:		of these three boxe		D nomes Commis	4- :4 DELETE :	
This Change affects Debtor or Secured Party of record	d litem 6	a or 6b; <u>and</u> item 7a	ldress: Complete or 7b <u>and</u> item 7c 7a	DD name: Comple or 7b, <u>and</u> item 7	te item DELETE in to be delet	name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	formation Change -	provide only <u>one</u>	name (6a or 6b)	_		
OR 6b. INDIVIDUAL'S SURNAME	L NAME	NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
GRAY		CAREN		YOLA		JOFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	nt or Party Information Ch	nange - provide only or	ne name (7a or 7b) (use exact, fu	ıll name: do not omit, r	nodify, or abbreviate any pa	art of the Debtor's name)
7a. ORGANIZATION'S NAME	<u> </u>					
OR						
7b. INDIVIDUAL'S SURNAME						
INDIVIDUALIS FIDST DEDCONAL NAME					<u>-</u>	
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					<u> </u>	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
,				JIAIL	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these for	our boxes: ADI	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:						
					•	
			•			
9. NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS AME	ENDMENT: Pro	vide only one name (9a or	9h) (name of Ass	ignor if this is an Ass	ianment)
If this is an Amendment authorized by a DEBTOR, check here		name of authorizin				agriinicint)
9a. ORGANIZATION'S NAME	aton Sovinga E	Fund Cooloty	ECD on Owner Tr			
WF HIL 2020-2 Grantor Trust c/o Wilming	gion Savings F				1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name:	: GRAY, CAREN	YOLANDA	*			
79030823 REDBRICK					20162166606	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20160812000288260 8/12/2016 CC AL Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME WF HIL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB, as Owner Trustee 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 20210218000080780 2/3 \$41.00 Shelby Cnty Judge of Probate, AL 02/18/2021 08:24:24 AM FILED/CERT 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **GRAY** CAREN YOLANDA 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: GRAY, CAREN YOLANDA - 205 HIGH RIDGE DR, PELHAM, AL 35124 Secured Party Name and Address: WF HIL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB, as Owner Trustee - 500 Delaware Avenue 11th Floor, Wilmington, DE 19801 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: is filed as a fixture filing. A PARCEL OF LAND LOCATED IN THE covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item 17 STATE OF ALABAMA, COUNTY OF SHELBY, (if Debtor does not have a record interest): WITH A SITUS ADDRESS OF 205 HIGH RIDGE DR, PELHAM, AL 35124-4005 CURRENTLY OWNED BY GRAY CAREN

18. MISCELLANEOUS: 79030823-AL-117

WF HIL 2020-2 Grantor Trust c/o

File with: Shelby, AL

[See Exhibit for Real Estate]

REDBRICK 20162166606

YOLANDA HAVING A TAX ASSESSOR

DESCRIBED IN DOCUMENT NUMBER

NUMBER OF 13-7-25-3-004-033-000 AND

446030 DATED 08/28/2002 AND RECORDED

30691 - REDBRICK FINANCIAL G

Debtor: GRAY, CAREN, YOLANDA

Exhibit for Real Estate

17. Description of real estate:

Continued

00/2002.

SHELBY, AL

20210218000080780 3/3 \$41.00

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