20221027000403450 10/27/2022 09:04:42 AM UCC1 1/4

2427 25109

UCC FINANCING STATEMENT

8. OPTIONAL FILER REFERENCE DATA:

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2427 25109					
CSC	I				
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	l In: Alabama				
	(Shelby)				
4 DEDTODIC MANGE BOLL BOLL BOLL (4 AL) (4 AL)				R FILING OFFICE USE C	
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, find name will not fit in line 1b, leave all of item 1 blank, check here in and provident name will not fit in line 1b, leave all of item 1 blank, check here in and provident name will not fit in line 1b, leave all of item 1 blank, check here in and provident name (1a or 1b) (use exact, find name will not fit in line 1b, leave all of item 1 blank, check here in an and provident name (1a or 1b) (use exact, fit in line 1b, leave all of item 1 blank, check here in an		modify, or abbreviate any part of ir information in item 10 of the Fi			
1a. ORGANIZATION'S NAME				`	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(\$)/INITIAL(\$)	
Suber	Shellie	Shellie		Ann Lee	
1c. MAILING ADDRESS 119 Grande View Lane	CITY		STATE	POSTAL CODE	COUNTRY
	Alabaster	Alabaster		35114	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, f					
	de the Individual Debto	r information in item 10 of the Fi	inancing St	atement Addendum (Form UC	C1Ad)
2a. ORGANIZATION'S NAME					
OR INDIVIDUAL'S SUBMANE	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		Telleria
2b. INDIVIDUAL'S SURNAME					SUFFIX
2c. MAILING ADDRESS	CITY	CITY		STATE POSTAL CODE	
20. 117.112111071200			0,,,,,		COUNTRY
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOD SE	CUDED DADTVI: Dros	rido only one Secured Party non	10 (30 or 3h	``	
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 Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC					
				y,	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS 3419 Silverside Road	CITY			POSTAL CODE	COUNTRY
	Wilmington		DE	19810	USA
4. COLLATERAL: This financing statement covers the following collateral: All fixtures now or hereafter securely and/or permar	antly attached	to the property idea	atifical c	shove eveluding n	orconal
effects and household goods or appliances that are					CISUIIAI
Fixture Definition: An object physically and permane		• •			ns that
have the following method of attachment; bolted, so	•	•			
any other part of the home.		,			•
Proposed Fixtures include but not limited to:					
Built-in cabinets and shelving					
Bathroom vanities					
Light fixtures					
Indobtodnosse \$10,000,00					
Indebtedness: \$19,000.00					
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:		6b. C	Check <u>only</u> i	if applicable and check <u>only</u> o	ne box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	Agricul	tural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Ва	ilee/Bailor Licens	see/Licensor

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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 9b. INDIVIDUAL'S SURNAME Suber FIRST PERSONAL NAME Shellie ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Ann Lee 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME POSTAL CODE COUNTRY CITY STATE 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Shellie Ann Lee Suber APN: 235210002031000 119 Grande View Lane Property Address: Alabaster, AL 35114 119 Grande View Lane **Shelby County** Alabaster, AL 35114 Shelby County Indebtedness: \$19,000.00 17. MISCELLANEOUS:

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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 9b. INDIVIDUAL'S SURNAME Suber FIRST PERSONAL NAME Shellie SUFFIX ADDITIONAL NAME(S)/INITIAL(S) Ann Lee 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 10c. MAILING ADDRESS POSTAL CODE CITY STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): See Exhibit A 17. MISCELLANEOUS:

20221027000403450 10/27/2022 09:04:42 AM UCC1 4/4 <u>Exhibit A</u>

LOT 31, ACCORDING TO THE SURVEY OF GRANDE VIEW ESTATES, GIVIANPOUR ADDITION TO ALABASTER, AS RECORDED IN MAP BOOK 19, PAGE 100, IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
10/27/2022 09:04:42 AM
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