20240223000046780 02/23/2024 09:11:41 AM UCC1 1/3

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2766 57515 CSC				
801 Adlai Stevenson Drive	In: Alahama			
Springfield, IL 62703	In: Alabama (Shelby)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	TION THE ABOV	E SPACE IS FO	R FILING OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name fit in line 1b, leave all of item 1 blank, check here	ame; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the I			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MCCLELLAN	RICHARD			
1c. MAILING ADDRESS 209 WOODRIDGE DR	PELHAM	STATE	POSTAL CODE 35214	COUNTRY
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name fit in line 2b, leave all of item 2 blank, check here				
2a. ORGANIZATION'S NAME	the Individual Debtor information in item 10 of the	rmancing statemen	It Addendam (Form OCCTA	
OR 2b. INDIVIDUAL'S SURNAME  MCCLELLAN	FIRST PERSONAL NAME  CARI	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 209 WOODRIDGE DR	CITY	STATE	POSTAL CODE	COUNTRY
	PELHAM	AL	35214	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	<del>_</del>	ame (3a or 3b)		
3a. ORGANIZATION'S NAME LAFAYETTE FEDERAL CRED	IT UNION			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 2701 TOWER OAKS BLVD	Rockville	STATE MD	20852	USA
4. COLLATERAL: This financing statement covers the following collateral: INGROUND POOL, DECKING & RETAINING WALL			\ \ 25244 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200.00
INGROUND POOL, DECKING & RETAINING WALL	. AT 209 WOODRIDGE DR, F	TELMAIVI, A	AL 33214 \$140,	200.00
	(see UCC1Ad, item 17 and Instructions)		red by a Decedent's Perso	•
6a. Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction  Manufactured-Home Transaction	A Debtor is a Transmitting Utility		f applicable and check <u>onl</u> tural Lien Non-L	<u>ly</u> one box: JCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor	Consignee/Consignor Seller/Buye			icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				2766 5751

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
MCCLELLAN					
FIRST PERSONAL NAME					
RICHARD  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
7.001110147.L147.WIL(O)		THE ABOVE S	PACE	IS EOD EILING OFFICE	LISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or 0	Debtor name that did not fit in line 1			ent (Form UCC1) (use exact	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai			<b>.</b>	`	,
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INTERNATION ADDITIONAL MARKETONALITATION					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	I NOR SECURED PARTY'S I	VAME: Provide only	one nam	e (11a or 11h)	
ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	1011 0201120 171111 0	Trivial triovide offing	One nam	(114 01 115)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<i>f</i>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	5	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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	14. This FINANCING STATEME covers timber to be cut	NT: covers as-ext	tracted c	ollateral 🗾 is filed as	a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut  16. Description of real estate:	covers as-ext	tracted c	ollateral  is filed as	a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut 16. Description of real estate: APN: 14-5-16-0-000	covers as-ext	tracted c	ollateral 🗾 is filed as	a fixture filing
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This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut  16. Description of real estate:  APN: 14-5-16-0-000  APN Sequence Nur  View Map Build an  WOODRIDGE DR,	overs as-ext 0-025-000 nber: 001 Address Repo	ort fo	this Address 20	9
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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATI	ION'S NAME						
9b. INDIVIDUAL'							
MCCLELL							
RICHARD	SONAL NAME						
	L NAME(S)/INITIAL(S)		SUFFIX				
				THE ABOV	/E SPACE	IS FOR FILING OFFICE	USE ONL
DEBTOR'S N	AME: Provide (10a or 10b) only <u>one</u> additio	nal Debtor name or Deb	otor name that did not fit in lin				
	fy, or abbreviate any part of the Debtor's nam	ne) and enter the mailing	g address in line 10c				
10a. ORGANIZAT	TION'S NAME						
10b. INDIVIDUAL	_'S SURNAME						
INDIVIDUAL	L'S FIRST PERSONAL NAME						
IN LOOK ADDITAT	LIO ADDITIONIAL NIABATION/INUTIAL (O)						Louisen
INDIVIDUAL	L'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRE	ESS		CITY		STATE	TPOSTAL CODE	COUN
11a. ORGANIZAT			R SECURED PARTY	'S NAME: Provide		ne (11a or 11b)  NAL NAME(S)/INITIAL(S)	SUFFI
ADDITIONA  11a. ORGANIZAT  11b. INDIVIDUAL  MAILING ADDRE	TION'S NAME			'S NAME: Provide			
11a. ORGANIZAT	TION'S NAME		FIRST PERSONAL NAME	'S NAME: Provide	ADDITIO	NAL NAME(S)/INITIAL(S)	
11a. ORGANIZAT	TION'S NAME		FIRST PERSONAL NAME	'S NAME: Provide	ADDITIO	NAL NAME(S)/INITIAL(S)	
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11a. ORGANIZAT	ION'S NAME SSS		FIRST PERSONAL NAME	'S NAME: Provide of	ADDITIO	NAL NAME(S)/INITIAL(S)	
11a. ORGANIZAT	SPACE FOR ITEM 4 (Collateral):		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	
11a. ORGANIZAT	ION'S NAME SSS		FIRST PERSONAL NAME  CITY  14. This FINANCING STATE	EMENT:	ADDITIO	NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNT
11a. ORGANIZAT  11b. INDIVIDUAL  MAILING ADDRE  ADDITIONAL S  REAL ESTAT	CING STATEMENT is to be filed [for record] (or record)	or recorded) in the	FIRST PERSONAL NAME	EMENT:	ADDITIO	NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNT
11a. ORGANIZAT  11b. INDIVIDUAL  MAILING ADDRE  ADDITIONAL S  REAL ESTAT	CING STATEMENT is to be filed [for record] (or record)	or recorded) in the	FIRST PERSONAL NAME  CITY  14. This FINANCING STATE  covers timber to be 16. Description of real estate Building Square I	EMENT:  cut covers as e:  Feet: 3,232	STATE s-extracted c	NAL NAME(S)/INITIAL(S)  POSTAL CODE  ollateral is filed as	COUNT
11a. ORGANIZAT  11b. INDIVIDUAL  MAILING ADDRE  ADDITIONAL S  REAL ESTAT	CING STATEMENT is to be filed [for record] (of the RECORDS (if applicable) applicable) as of a RECORD OWNER of real estate descrit have a record interest):	or recorded) in the ribed in item 16	FIRST PERSONAL NAME  CITY  14. This FINANCING STATE  covers timber to be 16. Description of real estate  Building Square I  Living Square Fe	EMENT:  cut covers as e:  Feet: 3,232	STATE s-extracted c	NAL NAME(S)/INITIAL(S)  POSTAL CODE  ollateral is filed as	COUNT
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SECURED PARTY COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 07/01/23)