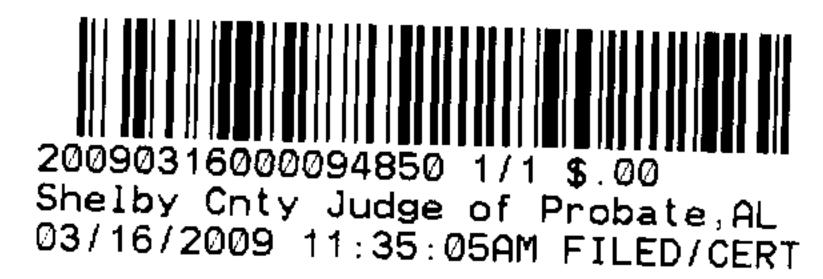
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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Greystone Servicing Corporation, Inc. (Att: Leslie Dominy) 419 Belle Air Lane Warrenton, VA 20186 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the Instrument # 20070524000242290 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. 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. 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. Secured Party of record. Check only one of these two boxes. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or I Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name: item 7c; also complete items 7d-7g (if applicable). to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Net, 76.21 MIDDLE NAME SUFFIX FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION 7e. TYPE OF ORGANIZATION ADD'L INFO RE 7d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 Greystone Bank MIDDLE NAME SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME 10. OPTIONAL FILER REFERENCE DATA Probate Office of Shelby County, Alabama