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Shelby Cnty Judge of Probate, AL  
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## UCC FINANCING STATEMENT AMENDMENT

\*FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

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CT Lien Solutions

P.O. Box 29071  
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>2008-13665                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> |  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. |  |
| 2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 assignee in item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                     |  |                                                                                                              |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |  |                                     |  |                                                                                                              |  |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                     |  |                                                                                                              |  |
| OR<br>6a. ORGANIZATION'S NAME<br>WATERFORD, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |  |                                                                                                              |  |
| 6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | FIRST NAME                          |  | MIDDLE NAME<br>SUFFIX                                                                                        |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     |  |                                                                                                              |  |
| OR<br>7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |  |                                                                                                              |  |
| 7b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | FIRST NAME                          |  | MIDDLE NAME<br>SUFFIX                                                                                        |  |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | CITY                                |  | STATE<br>POSTAL CODE<br>COUNTRY                                                                              |  |
| 7d. <u>SEE INSTRUCTIONS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ADD'L INFO RE-ORGANIZATION DEBTOR   |  | 7e. TYPE OF ORGANIZATION                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 7f. JURISDICTION OF ORGANIZATION    |  | 7g. ORGANIZATIONAL ID#, if any<br><input type="checkbox"/> NONE                                              |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box:<br>Describe collateral <input checked="" type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.<br><br>Lot 193, according to the Survey of Waterford Village, Sector 5, Phase 4, as recorded in Map Book 40, Page 8, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.                                                                                                                                                              |  |                                     |  |                                                                                                              |  |
| 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.                                                                                                                                                                                                                                                                                                                      |  |                                     |  |                                                                                                              |  |
| OR<br>9a. ORGANIZATION'S NAME<br>RBC BANK (USA), a North Carolina banking corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |  |                                                                                                              |  |
| 9b. INDIVIDUAL'S NAME<br>Jacklynn Caskey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FIRST NAME                          |  | MIDDLE NAME<br>SUFFIX                                                                                        |  |
| 10. OPTIONAL FILER REFERENCE DATA<br>Loan Number: 6901-6512933-001<br>Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |  |                                                                                                              |  |

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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