

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS



20140715000214630 1/6 \$.00  
Shelby Cnty Judge of Probate, AL  
07/15/2014 09:55:05 AM FILED/CERT

|   |                                 |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone: (800) 331-3282 Fax: (818) 662-4141   |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24405 - BANK OF                                 |                                 |
| CT Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                | 44061160<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL   |                                 |

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|   |   |
|---|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20090925000365990 9/25/2009 CC AL Shelby   | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement  |   |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8  |   |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law   |   |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record<br>AND Check one of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c<br><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |   |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)   |   |
| 6a. ORGANIZATION'S NAME<br>Ridgeview Assisted Living, LLC   |   |
| OR  | 6b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX  |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)  |   |
| 7a. ORGANIZATION'S NAME   |   |
| OR  | 7b. INDIVIDUAL'S SURNAME<br>INDIVIDUAL'S FIRST PERSONAL NAME<br>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX  |
| 7c. MAILING ADDRESS   | CITY<br>STATE<br>POSTAL CODE<br>COUNTRY   |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:<br>See attached Exhibit 1.   |   |

|  |  |
|--|--|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |  |
| 9a. ORGANIZATION'S NAME<br>Bank of Oklahoma, N.A.  |  |
| OR   | 9b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Ridgeview Assisted Living, LLC<br>44061160 09140   |  |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

|  |                                      |
|--|--------------------------------------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20090925000365990 9/25/2009 CC AL Shelby |                                      |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form   |                                      |
| 12a. ORGANIZATION'S NAME<br>Bank of Oklahoma, N.A.   |                                      |
| OR   |                                      |
|  | 12b. INDIVIDUAL'S SURNAME            |
|  | FIRST PERSONAL NAME                  |
|  | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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|  |                           |                     |                                      |
|--|---------------------------|---------------------|--------------------------------------|
| 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<br>Ridgeview Assisted Living, LLC   |                           |                     |                                      |
| OR   | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
|  |                           |                     |                                      |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  
Debtor Name and Address:  
Ridgeview Assisted Living, LLC - , , GA  
  
Secured Party Name and Address:  
Bank of Oklahoma, N.A. - P.O. Box 22117 , Tulsa, OK 74121-2117

|  |  |
|--|--|
| 15. This FINANCING STATEMENT AMENDMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing | 17. Description of real estate:<br>Please see attached |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):  |  |

EXHIBIT 1

UCC-1 ATTACHMENT - Ridgeview Assisted Living, LLC

All of Debtor's right, title and interest in and to (a) the Lease Agreement, dated as of September 1, 2009 (the "Agreement"), between The Medical Clinic Board of the City of Hoover (the "Issuer") and the Debtor, and all amounts on deposit from time to time in all trust funds created in the Trust Indenture, dated as of September 1, 2009 (the "Indenture"), between the Secured Party and the Issuer and investments thereof; (b) all revenues, income, or rights of any kind or nature due Secured Party from Debtor under said Agreement by virtue of the assigning language in said Trust Indenture; (c) all the fixtures now owned or hereafter acquired by the Debtor, as part of the "Project" as defined in the said Indenture, and (d) all property described in a certain Mortgage and Security Agreement from Issuer to the Secured Party, joined in by the Debtor, dated as of September 1, 2009 (the "Security Agreement"), and filed of record with the Shelby County Register of Deeds, contemporaneously herewith, including, but not limited to:

All furnishings, furniture, fixtures, machinery, appliances, vehicles and personal property situated on the real estate described in Exhibit "A" attached hereto and incorporated herein, or in any way connected with the use and enjoyment of the Project as defined in the Indenture, as well as all existing and future accounts, gross revenues, contract rights, rights under the Sublease described in the Agreement and accounts receivable of the Debtor and all proceeds of the above, but only to the extent that any such item is directly related to or directly arises from the Project and/or the operations thereon.

Said Project is located or to be located upon the real estate located at 700 Corporate Ridge, Hoover (Shelby County), Alabama 35242, as more fully described in Exhibit "A" attached hereto and incorporated herein.



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20090825000355990 2/5 \$34.00  
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**EXHIBIT A**

**Lot 2D-3A, according to the Southerland Place Resurvey, as recorded in map Book 25, page 143, in the Probate Office of Shelby County, Alabama.**



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# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                                |            |                     |
|--------------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME        |            |                     |
| Ridgeview Assisted Living, LLC |            |                     |
| OR                             |            |                     |
| 9b. INDIVIDUAL'S LAST NAME     | FIRST NAME | MIDDLE NAME, SUFFIX |
|                                |            |                     |

## 10. MISCELLANEOUS:

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## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only ggs name (11a or 11b) - do not abbreviate or combine names

|                             |                                   |                           |                                   |                                  |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| 11a. ORGANIZATION'S NAME    |                                   |                           |                                   |                                  |
| OR                          |                                   |                           |                                   |                                  |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |
|                             |                                   |                           |                                   |                                  |
| 11c. MAILING ADDRESS        | CITY                              | STATE                     | POSTAL CODE                       | COUNTRY                          |
|                             |                                   |                           |                                   |                                  |
| 11d. TAX ID #: SSN OR EIN   | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
|                             |                                   |                           |                                   | <input type="checkbox"/> NONE    |

## 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only ggs name (12a or 12b)

|                             |            |             |             |         |
|-----------------------------|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME    |            |             |             |         |
| OR                          |            |             |             |         |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
|                             |            |             |             |         |
| 12c. MAILING ADDRESS        | CITY       | STATE       | POSTAL CODE | COUNTRY |
|                             |            |             |             |         |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ es-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate.

See attached Exhibit A.

16. Additional collateral description:



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15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years  
☐ Filed in connection with a Public-Finance Transaction — effective 30 years

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/28/98)

FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED



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