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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	30691 - REDBRICK	
CT Lien Solutions	54292925	
P.O. Box 29071 Glendale, CA 91209-9071	ALAL	
	FIXTURE	1
File with: Shelby, AL		<u> </u>

20160610000200660 1/3 \$47.10
Shelby Cnty Judge of Probate, AL
06/10/2016 08:05:01 OM ETLED/CERT

DUNKLIN TITA ETIS  2. MAILING ADDRESS CITY STATE BIRMINGHAM AL 35242 USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3. SECURED PARTY'S NAME REDBRICK FINANCIAL GROUP INC.  OR 3. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME REDBRICK FINANCIAL GROUP INC.  3. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME PORTLAND OR 97207-1719 USA 4. COLLATERAL: This financing statement covers the following collateral: 1) FURNACE, (1) AIR CONDITIONER OR ANY PARTS OR COMPONENTS INSTALLED IN THE EQUIPMENT, ANY PROCEEDS FROM THE SALE OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT THAT ARE FOR DAMAGE TO OR LOSS OF THE EQUIPMENT  Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$9,360.00  Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$14.10  5. Check only if applicable and check only one box:		FIXTURE	06/10/2016 08:05:01 AM FILED/CERT	
1. DEBTOR'S NAME: Provide only gain Debtor name (1 sor 1b) (use exact, full names, do not ont, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, loave all of item 1 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  1. CORRESS NAME: Provide only gain and the Name of Name of Name (2 so 2 so) (use exact, full name, do not onlit, modify, or abbreviate any part of the Individual Debtor's name will not fix in line 2b, lauve all of item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  2. DEBTOR'S NAME: Provide only gain Debtor name (2 so 2 so) (use exact, full name, do not onlit, modify, or abbreviate any part of the Individual Debtor's name will not fix in line 2b, lauve all of item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  2. DEBTOR'S NAME: Provide only gain Debtor name (2 so 2 so) (use exact, full name, do not onlit, modify, or abbreviate any part of the Individual Debtor's name will not fix in line 2b, lauve all of item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  2. DEBTOR'S NAME: Provide only gain blank and Item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  2. DEBTOR'S NAME: Provide only gain to Item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addondum (Form UCC1/dt)  2. DEBTOR'S NAME: Provide only gain to Item 2 blank, check here ☐ Item 2 blank check gain and 2 blank c	File with: Shelby, AL		IE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
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The Notificial American Complete Color Inc.  To. Molland address  CITY  STATE PROSTAL CODE  COUNTRY  STATE ROSTAL	name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in	n item 10 of the Financing Statement Addendum (Form	UCC1Ad)
DUNKLIN   KENNETH   EARL   SOUTH   STATE   POSTAL CODE   COUNTRY	1a. ORGANIZATION'S NAME			
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22. MAILING ADDRESS  CITY  BIRMINGHAM  AL  35242  USA  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one  REDBRICK FINANCIAL GROUP INC.  35. INDIVIDUALS SURVAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYNITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  DOR 1719  PORTLAND  OR  97207-1719  USA  4. COLLATERAL: This financing statement covers the following collateral: (1) FURNACE, (1) AIR CONDITIONER OR ANY PARTS OR COMPONENTS INSTALLED IN THE EQUIPMENT, ANY PROCEEDS FROM THE SALE OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT THAT ARE FOR DAMAGE TO OR LOSS OF THE EQUIPMENT  Complete only when filling with the Judge of Probate: The initial indebtedness secured by this financing statement is \$9,360.00  Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$14.10  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. Check only if applicable and check only one box:				SUFFIX
3. SECURED PARTY'S NAME (or NAME of ASSIGNED of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3s or 3b)  3. ORGANIZATIONS NAME REDBRICK FINANCIAL GROUP INC.  OR  3. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY PO BOX 1719 PORTLAND OR  4. COLLATERAL: This financing statement covers the following collateral: OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT, ANY PROCEEDS FROM THE SALE OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT THAT ARE FOR DAMAGE TO OR LOSS OF THE EQUIPMENT  Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$9,360.00  Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$14.10  5. Check only if applicable and check only one box: Collateral isineld in a Trust (see UCC1Ad, item 17 and instructions)ibeing administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:  6c. Check only if applicable and check only one box:				COUNTRY
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REDBRICK FINANCIAL GROUP INC.  36. INDIVIDUAL'S SURNAME  State  POSTAL CODE  COUNTRY  POBOX 1719  PORTLAND  PORTLAND  OR  97207-1719  USA  4. COLLATERAL: This financing statement covers the following collateral:  (1) FURNACE, (1) AIR CONDITIONER OR ANY PARTS OR COMPONENTS INSTALLED IN THE EQUIPMENT, ANY PROCEEDS FROM THE SALE  OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT THAT ARE FOR DAMAGE TO OR LOSS OF  THE EQUIPMENT  Complete only when filling with the Judge of Probate: The initial indebtedness secured by this financing statement is \$9,360.00  Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$14.10  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. Check only if applicable and check only one box:		GNOR SECURED PARTY): Provide only one	Secured Party name (3a or 3b)	
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3c. MAILING ADDRESS  CITY  PORTLAND  PORTLAND  OR  97207-1719  USA  4. COLLATERAL: This financing statement covers the following collateral:  (1) FURNACE, (1) AIR CONDITIONER OR ANY PARTS OR COMPONENTS INSTALLED IN THE EQUIPMENT, ANY PROCEEDS FROM THE SALE  OF THE EQUIPMENT, AND ANY PROCEEDS FROM ANY INSURANCE COVERING THE EQUIPMENT THAT ARE FOR DAMAGE TO OR LOSS OF  THE EQUIPMENT  Complete only when filing with the Judge of Probate:  The initial indebtedness secured by this financing statement is \$9,360.00  Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$14.10  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. Check only if applicable and check only one box:		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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		ransaction A Debtor is a Transmitting		

Consignee/Consignor

g Utility	Agricultural Lien	Non-UCC Filing
Seller/Buyer	Bailee/Bailor	Licensee/Licensor
	20161537294	
		y CT Lien Solutions, P.O. Box 29071, A 91209-9071 Tel (800) 331-3282

REDBRICK

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA:

54292925

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS** 

	EBTOR: Same as line 1a or 1b on Financing Statement; if li Debtor name did not fit, check here	ne 1b was left t	olank	•			
9a. ORGANIZATIO	N'S NAME						
OR 9b. INDIVIDUAL'S	SURNAME						
DUNKLIN				20 20	1606100	000200660 2/3 \$4	
FIRST PERSOI				Sh	elby Cr	ity Judge of Pro	bate, AL
KENNETH			CHEEN		, 10,20	6 08:05:01 AM F	ILED/CERT
EARL	ADDITIONAL NAME(S)/INITIAL(S)  EARL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
	ME: Provide (10a or 10b) only <u>one</u> additional Debtor name or			line 1b or 2b of the F	inancing S	tatement (Form UCC1)	(use exact, full name
do not omit, modify	or abbreviate any part of the Debtor's name) and enter the m	ailing address in	n line 10c			•	<u>-</u>
TOB. ORGANIZATIV	ON 3 NAME						
OR 10b. INDIVIDUAL'S	SURNAME		······································	· · · · · · · · · · · · · · · · · · ·			
INDIVIDUAL'S	S FIRST PERSONAL NAME		<u>-</u>				······································
INDIVIDUAL'S	S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c. MAILING ADDRES	S	CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL	SECURED PARTY'S NAME or ASSIGN	OR SECURE	D PARTY'S N	NAME: Provide only	<u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATI	ON'S NAME						
OR 11b. INDIVIDUAL'S	SSURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						· · · · · · · · · · · · · · · · · · ·	
11c. MAILING ADDRES	S	CITY	<u></u>	<u> </u>	STATE	POSTAL CODE	COUNTRY
46. 45517161111.654					<u>.</u>		
12. ADDITIONAL SPA	ACE FOR ITEM 4 (Collateral):						
· · · · · · · · · · · · · · · · · · ·							
	NG STATEMENT is to be filed [for record] (or recorded) in the RECORDS (if applicable)	· —					
15. Name and addres	s of a RECORD OWNER of real estate described in item 16 t have a record interest):	<del></del>	on of real estate	cut covers as- e:	extracted	collateral     is filed	as a fixture filing
( 5 0 5 10 1 0 5 1 1 1			Docorint	ion:			
		. —	Descript		NI- Na_	3-06-0-001-0	301 <u>-</u> 046
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				ge: 7-65 M	ap Re	eference: /	
			hibit for Rea		•		
17. MISCELLANEOUS	S: 54292925-AL-117 30691 - REDBRICK FINANCIAL G REDE	BRICK FINANCIAI	L GROUP INC.	File with: Shelby, AL	REDBF	RICK 20161537294	

Debtor: DUNKLIN, KENNETH, EARL

## Exhibit for Real Estate

16. Description of real estate: Continued

Legal Lot: 87 Tract #:

Legal Block: School District: 2

Market Area: School District Name: SHELBY COUNTY SCHOOL

DISTRICT

Neighbor Code: AK8 Munic/Township: COUNTY

SHELBY, AL



Shelby Cnty Judge of Probate, AL 06/10/2016 08:05:01 AM FILED/CERT