

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS



20160812000288260 1/3 \$43.30  
Shelby Cnty Judge of Probate, AL  
08/12/2016 11:22:47 AM FILED/CERT

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@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 30691 - REDBRICK	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	55205125  ALAL FIXTURE
File with: Shelby, AL	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, 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, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME						
OR	1b. INDIVIDUAL'S SURNAME GRAY		FIRST PERSONAL NAME CAREN	ADDITIONAL NAME(S)/INITIAL(S) YOLANDA	SUFFIX	
1c. MAILING ADDRESS 205 HIGH RIDGE DR			CITY PELHAM	STATE AL	POSTAL CODE 35124	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME REDBRICK FINANCIAL GROUP INC.						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS PO BOX 1719			CITY PORTLAND	STATE OR	POSTAL CODE 97207-1719	COUNTRY 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 \$6,200.00  
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$9.45

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 <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility			6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing		
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7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:  
55205125 REDBRICK 20162166606

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here



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9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME GRAY	
FIRST PERSONAL NAME CAREN	
ADDITIONAL NAME(S)/INITIAL(S) YOLANDA	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:  
**A PARCEL OF LAND LOCATED IN THE STATE OF ALABAMA, COUNTY OF SHELBY, WITH A SITUS ADDRESS OF 205 HIGH RIDGE DR, PELHAM, AL 35124-4005 CURRENTLY OWNED BY GRAY CAREN YOLANDA HAVING A TAX ASSESSOR NUMBER OF 13-7-25-3-004-033-000 AND DESCRIBED IN DOCUMENT NUMBER 446030 [ See Exhibit for Real Estate ]**

17. MISCELLANEOUS: 55205125-AL-117 30691 - REDBRICK FINANCIAL G REDBRICK FINANCIAL GROUP INC. File with: Shelby, AL REDBRICK 20162166606

**Debtor:** GRAY, CAREN, YOLANDA

**Exhibit for Real Estate**

**16. Description of real estate:** Continued

DATED 08/28/2002 AND RECORDED 00/2002.

SHELBY, AL



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