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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (options Phone: (800) 331-3282 Fax: (818) 662-414				
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@	wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Addr	ess) 21670 - TIME			•
Lien Solutions P.O. Box 29071	67651460			
Glendale, CA 91209-9071	ALAL	201812070004	28650 1/3 \$44.35 Judge of Probate,	AL
	FIXTURE	·	2:06:50 PM FILED/C	
Eilo with: Cholby Al		THE ADOVE ODACE ICE	OD EN SNIO OFFICE (1	
File with: Shelby, AL 1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1)	a or 1h) (use exact_full name: do not omit_r	THE ABOVE SPACE IS F		
name will not fit in line 1b, leave all of item 1 blank, check h		r information in item 10 of the Financing St		
1a. ORGANIZATION'S NAME				
OR AL INDIVIDUALIO GLIDNIANA				
1b. INDIVIDUAL'S SURNAME Singleton	FIRST PERSONAL Grady	NAME ADDITION Way	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
139 Mcdonald Rd	Wilsonville	AL	35186	
2. DEBTOR'S NAME: Provide only one Debtor name (2)			<u> </u>	USA Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check h		r information in item 10 of the Financing St		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	F of ASSIGNOR SECURED PARTY): Provi	ide only one Secured Party name (3a or 3	h)	
3a. ORGANIZATION'S NAME	L OI AGGIGITATION	ide offig offe Secured Party Hairie (Sa of C)	1
Time Investment Company Inc				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
100 N 6th Ave 4. COLLATERAL: This financing statement covers the follow	West Bend	WI	53095	USA
All interest of the Debtor in the installed home in and repair parts, special tools, equipment and re	provement system (Southern Sidi			
Complete only when filing with the Judge of Prob The initial indebtedness secured by this financing	g statement is \$6,887.00		•	
Mortgage tax due (\$.15 per \$100.00 or fraction the	nereof) \$10.35			• • • • • • • • • • • • • • • • • • •
5. Check only if applicable and check only one box: Collater	al is held in a Trust (see UCC1Ad item	n 17 and Instructions) being administe	ered by a Decedent's Parse	onal Representative
6a. Check only if applicable and check only one box:			if applicable and check of	

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Non-UCC Filing

Licensee/Licensor

__ Agricultural Lien

Bailee/Bailor

02-00358568

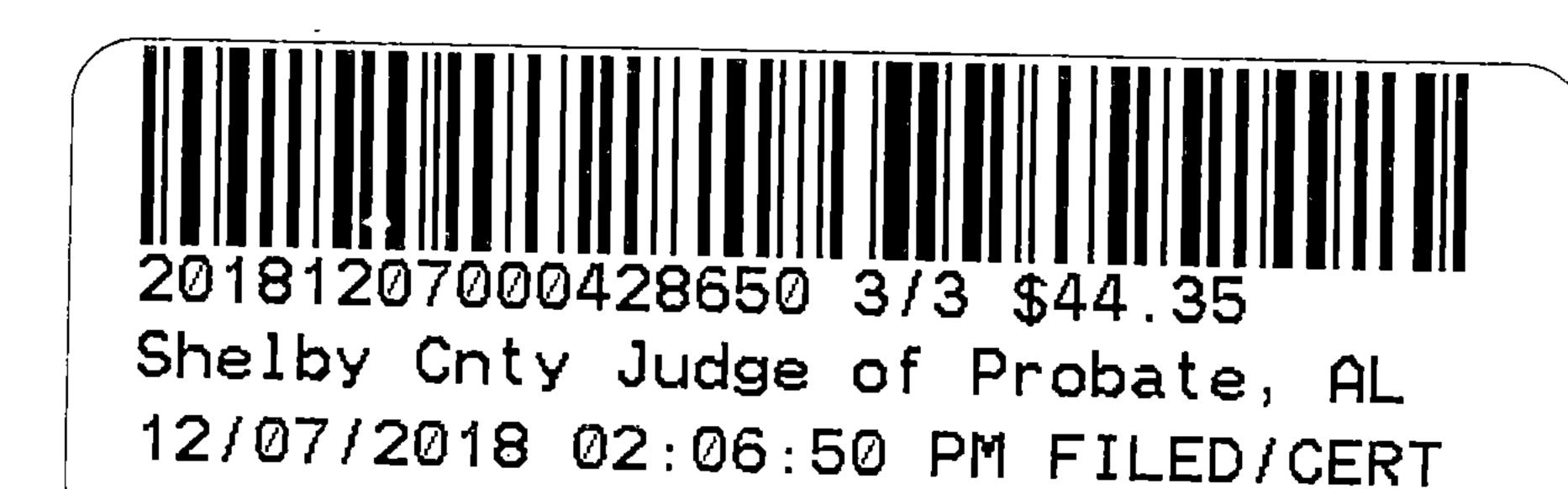
Manufactured-Home Transaction

Public-Finance Transaction

8. OPTIONAL FILER REFERENCE DATA:

67651460

OLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing States	tement; if line	e 1b was left blank			•		
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME	•	• • • • • • • • • • • • • • • • • • •					
					•		
	,				•		
9ь. INDIVIDUAL'S SURNAME Singleton							
FIRST PERSONAL NAME Grady	•			Shelby	Cnty J	3650 2/3 \$44.35 udge of Probate, :06:50 PM FILED/	AL
ADDITIONAL NAME(S)/INITIAL(S) Wayne	-	SUF	-	THE ABOVE	SPACE	IS FOR FILING O	FFICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb			•	b or 2b of the Fire	nancing S	tatement (Form UCC1)	(use exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) and 10a. ORGANIZATION'S NAME	enter the mai	ling address in line	10c ·	•			
10b. INDIVIDUAL'S SURNAME				<u> </u>			
INDIVIDUAL'S FIRST PERSONAL NAME							
				•			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNO	R SECURED PA	ARTY'S NAME	: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME		•					-
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL I	NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u>-</u>			
							•
					•		
	·						
This FINANCING STATEMENT is to be filed [for record] (or record)	orded) in the	14. This FINANCI	NG STATEMEN	JT:	•		
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	l in item 16		-	covers as-e	extracted	collateral X is filed	as a fixture filing
(ii Debtor does not have a record interest).		The follow	wing des	cribed re	ales	tate, situated	d in Shelby
	3	County, A	•				
•						st 1/4 of the s	
		1/4 of Se				outh, Range	
		Chalh. C	\sim 1 1 \sim 4 \sim \sim 1		UHCI.	FICHED AS 10110)WS.
		Shelby Commen	_	•	•		
		Commen	ce at the hence ru	Southean Swest a	ast co	orner of said the South 1	1/4-1/4



Debtor: Singleton, Grady, Wayne

Exhibit for Real Estate

16. Description of real estate:

Continued

591.78 feet to the point of beginning; thence continue last course 138.70 feet; thence turn right 64 degrees 39 minutes and run Northwest 150.00 feet; thence turn right 115 degrees 21 minutes and run East 138.70 feet along the South side of a 40-foot public road; thence turn right 64 degrees 39 minutes and run Southeast 150.00 feet to the point of beginning. Situated in Shelby county, Alabama.

Property Address: 139 McDonald Road, Wilsonville,

Alabama 35186

APN: 20-1-01-4-001-019-007