



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	18-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 52622 - RedB	rick					
Lien Solutions 77751 P.O. Box 29071	214					
Glendale, CA 91209-9071 ALAL						
FIXTU	IKE					
File with: Shelby, AL	-			OR FILING OFFICE US		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20160812000288260 8/12/2016 CC AL Shelby		1b. This FINANCING STATE (or recorded) in the REA Filer: attach Amendment Ad	EMENT AM L ESTATE Idendum (For	ENDMENT is to be filed [for RECORDS on UCC3Ad] and provide Debt	or record] or's name in item 13	
2. 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. ASSIGNMENT (<u>full</u> or partial): Provide name of Assignee in item 7a or 7b, <u>a</u> For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected co			Assignor in	item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to t	the security interest(s) of Secure	d Party aut	horizing this Continuation S	Statement is	
5. PARTY INFORMATION CHANGE:	P (1 1 1					
Check <u>one</u> of these two boxes: Check <u>one of these two boxes: CHANG This Change affects Debtor or Secured Party of record item 6a</u>		iddress: Complete ADD nai	ne: Comple	ete itemDELETE name:	Give record name	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -			, <u>and</u> item 7	c to be deleted in	item ba or bb	
6a. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cha	nge - provide only o	one name (7a or 7b) (use exact, full name	; do not omit,	modify, or abbreviate any part of th	e Debtor's name)	
7a. ORGANIZATION'S NAME WF HIL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB, as Owner Trustee						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME			- <u>-</u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u>-</u>			SUFFIX	
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
500 Delaware Avenue, 11th Floor	Wilmington		DE	19801	USA	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral	
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NIDNAENIT. Dec	vido only one name (Oe or Oh) (inner if Abin in on Annings	4\	
	ame of authorizir		ame or Ass	signor, ir triis is an Assignm	ent)	
REDBRICK FINANCIAL GROUP INC.						
9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: GRAY, CAREN	YOLANDA		<u> </u>	-	_, L	
77751214 REDBRICK 20162166606						

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20160812000288260 8/12/2016 CC AL Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME REDBRICK FINANCIAL GROUP INC. 12b. INDIVIDUAL'S SURNAME 20201120000533500 2/3 \$41.00 FIRST PERSONAL NAME Shelby Cnty Judge of Probate, AL 11/20/2020 02:22:58 PM FILED/CERT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) **SUFFIX** CAREN YOLANDA **GRAY** 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: GRAY, CAREN YOLANDA - 205 HIGH RIDGE DR, PELHAM, AL 35124 Secured Party Name and Address: REDBRICK FINANCIAL GROUP INC. - PO BOX 1719, PORTLAND, OR 97207-1719 WF HiL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB, as Owner Trustee - 500 Delaware Avenue 11th Floor, Wilmington, DE 19801

15. This FINANCING STATEMENT AMENDMENT:	17. 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 DATED 08/28/2002 AND RECORDED [See Exhibit for Real Estate]
18. MISCELLANEOUS: 77751214-AL-117 52622 - RedBrick Financial G REDBRICK FINANCIAL C	ROUP INC. File with: Shelby, AL REDBRICK 20162166606

Debtor: GRAY, CAREN, YOLANDA

Exhibit for Real Estate

17. Description of real estate:

Continued

00/2002.

SHELBY, AL

20201120000533500 3/3 \$41.00 Shelby Cnty Judge of Probate, AL

11/20/2020 02:22:58 PM FILED/CERT