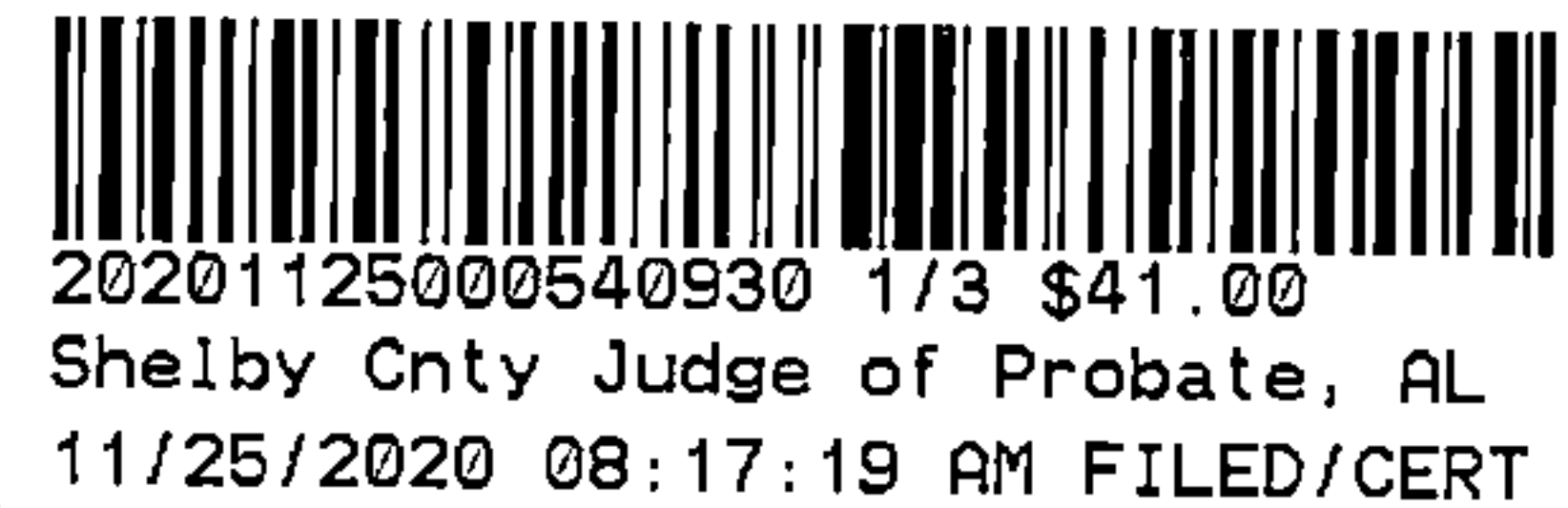


# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 52622 - RedBrick                                                              |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 77792890<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                                 |



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20160310000077970 3/10/2016 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                               | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
| 2. <input 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 checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST PERSONAL NAME                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |
| 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                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUFFIX                                                                                                                                                                                                                                 |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY                                                                                                                                                                                                                                   |
| 500 Delaware Avenue, 11th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Wilmington                                                                                                                                                                                                                             |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POSTAL CODE                                                                                                                                                                                                                            |
| DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19801                                                                                                                                                                                                                                  |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | USA                                                                                                                                                                                                                                    |
| 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:                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                            |                          |                               |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------|
| 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                                                                                                                                                                                                                                                    |                          |                               |        |
| REDBRICK FINANCIAL GROUP INC.                                                                                                                                                                                                                                              |                          |                               |        |
| OR                                                                                                                                                                                                                                                                         | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME           | SUFFIX |
|                                                                                                                                                                                                                                                                            |                          | ADDITIONAL NAME(S)/INITIAL(S) |        |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: WALTHER, CAROL H<br>77792890 REDBRICK 20160678324                                                                                                                                                                          |                          |                               |        |

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

|                                                                                                                            |        |
|----------------------------------------------------------------------------------------------------------------------------|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20160310000077970 3/10/2016 CC AL Shelby |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                             |        |
| 12a. ORGANIZATION'S NAME<br>REDBRICK FINANCIAL GROUP INC.                                                                  |        |
| OR                                                                                                                         |        |
| 12b. INDIVIDUAL'S SURNAME                                                                                                  |        |
| FIRST PERSONAL NAME                                                                                                        |        |
| ADDITIONAL NAME(S)/INITIAL(S)                                                                                              | SUFFIX |



20201125000540930 2/3 \$41.00  
Shelby Cnty Judge of Probate, AL  
11/25/2020 08:17:19 AM FILED/CERT

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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                                                                                                                                                                                                                                                                                                                               |                              |                                    |        |
| OR                                                                                                                                                                                                                                                                                                                                                     |                              |                                    |        |
| 13b. INDIVIDUAL'S SURNAME<br>WALTHER                                                                                                                                                                                                                                                                                                                   | FIRST PERSONAL NAME<br>CAROL | ADDITIONAL NAME(S)/INITIAL(S)<br>H | SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  
Debtor Name and Address:  
WALTHER, CAROL H - 412 MCCORMACK WAY , BIRMINGHAM, AL 35242  
WALTHER, WILLIAM E - 412 MCCORMACK WAY , BIRMINGHAM, AL 35242

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:<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>Legal Description:<br>County: SHELBY, AL APN:<br>03-5-22-1-003-019-000<br>Census Tract / Block: 302.17 / 3 Alternate APN:<br>Township-Range-Sect: 18-1W-22 Subdivision:<br>GREYSTONE LEGACY 3RD SECTOR<br>Legal Book/Page: 27-109 Map Reference: /<br>Legal Lot: 319 Tract #:<br>[ See Exhibit for Real Estate ] |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |

18. MISCELLANEOUS: 77792890-AL-117 52622 - RedBrick Financial G REDBRICK FINANCIAL GROUP INC. File with: Shelby, AL REDBRICK 20160678324

**Debtor:** WALTHER, CAROL, H

**Exhibit for Real Estate**

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

Legal Block: School District: 2

Market Area: School District Name: SHELBY COUNTY  
SCHOOL DISTRICT

Neighbor Code: DM1 Munic/Township: HOOVER

SHELBY, AL



20201125000540930 3/3 \$41.00  
Shelby Cnty Judge of Probate, AL  
11/25/2020 08:17:19 AM FILED/CERT