

# 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) 30691 - REDBRICK                                                              |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 79030823<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                                 |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20160812000288260 8/12/2016 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> 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 type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |
| 4. <input checked="" 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 <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record<br><u>AND</u> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> 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 <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6b. INDIVIDUAL'S SURNAME<br>GRAY                                                                                                                                                                                                                 |
| FIRST PERSONAL NAME<br>CAREN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |
| ADDITIONAL NAME(S)/INITIAL(S)<br>YOLANDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |
| SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                         |
| INDIVIDUAL'S FIRST PERSONAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                  |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |
| SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CITY                                                                                                                                                                                                                                             |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POSTAL CODE                                                                                                                                                                                                                                      |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> 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 <u>one</u> 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<br>WF HIL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB, as Owner Trustee                                                                                                                                                                 |                          |                     |                               |
| OR                                                                                                                                                                                                                                                                                | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                                                                                                                   |                          |                     | SUFFIX                        |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: GRAY, CAREN YOLANDA<br>79030823 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

WF HIL 2020-2 Grantor Trust c/o Wilmington Savings Fund Society, FSB,

as Owner Trustee

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX



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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

GRAY

FIRST PERSONAL NAME

CAREN

ADDITIONAL NAME(S)/INITIAL(S)

YOLANDA

SUFFIX

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:  
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:  
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

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: 79030823-AL-117 30691 - REDBRICK FINANCIAL G WF HIL 2020-2 Grantor Trust c/o File with: Shelby, AL REDBRICK 20162166606

**Debtor:** GRAY, CAREN, YOLANDA

**Exhibit for Real Estate**

**17. Description of real estate:**

Continued

00/2002.

SHELBY, AL



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