UCC FINANCING STATEMENT

20211007000489060 10/07/2021 08:35:13 AM UCC1 1/2

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional)				
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2195 87856				
CSC				
801 Adlai Stevenson Drive Springfield, IL 62703				
F	led In: Alabama			
	(Shelby)			
	THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exa name will not fit in line 1b, leave all of item 1 blank, check here and provided in the line 1b, leave all of item 1 blank, check here and provided in the line 1b, leave all of item 1 blank, check here and provided in the line 1b, leave all of item 1 blank, check here and provided in the line 1b, leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here and provided in the leave all of item 1 blank, check here	ct, full name; do not omit, modify, or abbrevi ovide the Individual Debtor information in ite			
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16. INDIVIDUAL'S SURNAME SHAMBURGER	EDWARD			
16. INDIVIDUAL'S SURNAME SHAMBURGER	CITY	STATE	POSTAL CODE	COUNTRY
1b. INDIVIDUAL'S SURNAME	EDWARD			
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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:	6b. Check only if applicable and check only one box:	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: :70081362 / 60315349	2405.0705	

TOTAL VALUE OF COLLATERAL \$17,761.00

2195 87856

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS Filed and Recorded 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank Official Public Records because Individual Debtor name did not fit, check here [Judge of Probate, Shelby County Alabama, County Clerk 9a. ORGANIZATION'S NAME Shelby County, AL 10/07/2021 08:35:13 AM **\$65.70 BRITTANI** 20211007000489060 alli 5. Buyl 9b. INDIVIDUAL'S SURNAME SHAMBURGER FIRST PERSONAL NAME **EDWARD SUFFIX** ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 10c. MAILING ADDRESS CITY POSTAL CODE STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX FIRST PERSONAL NAME POSTAL CODE STATE COUNTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): EDWARD SHAMBURGER SUB: WILLOW POINT PHASE 2 MB/M P: 22/041 LOT/BLOCK: 6/ County:SHELBY,AL CHARLENE KIRKLAND APN:13-7-26-4-002-035-000 138 WILLOW POINT LN Census Tract/Block:303.40/3 ALABASTER, AL 35007 Township-Range-Sect:20-3W-26 Subdivision:WILLOW POINT PH Legal Book/Page:22-041 Legal Lot:6 Neighbor Code:CT4 Munic/Township:ALABASTER

17. MISCELLANEOUS: