



20211115000548810 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
11/15/2021 01:48:47 PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)		
Connie Sorenson	(801) 747-7713	1144510
B. EMAIL CONTACT AT FILER (optional)		
csorenson@medallion.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
MEDALLION BANK		
1100 EAST 6600 SOUTH, SUITE 510		
SALT LAKE CITY, UT 84121		
FILED IN: SHELBY,AL		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
20200908000398710	
2. <input checked="" 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, and address of Assignee in item 7c and name of Assignor in item 9 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: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <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	
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: 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 Indicate collateral: Pool - Fixture Filing THE FOLLOWING PROPERTY IS SITUATED IN HELENA, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: SUB: RIVERBEND AT OLD CAHABA P H 3 MB/MP: 47/001 LOT/BLOCK: 2236/ PROPERTY ADDRESS: 6057 MADISON PL, HELENA, AL 35080 PARCEL ID#:13-9-30-4-003-012-000	
Owners: Joshua Travis Gray , Nina Gayle Gray	
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) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME	
OR	9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MEDALLION BANK	
10. OPTIONAL FILER REFERENCE DATA:	



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# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

20200908000398710

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

MEDALLION BANK

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

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 puposes only in some filing offices - see instructions 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

Joshua

ADDITIONAL NAME(S)/INITIAL(S)

Travis

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Pool - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN HELENA, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT:  
SUB: RIVERBEND AT OLD CAHABA P H 3 MB/MP: 47/001 LOT/BLOCK: 2236/ PROPERTY ADDRESS: 6057  
MADISON PL, HELENA, AL 35080 PARCEL ID#:13-9-30-4-003-012-000

Record Owner: Joshua Travis Gray , Nina Gayle Gray

Debtors: Joshua Travis Gray , Nina Gayle Gray

Secured Party - Medallion Bank

15. This FINANCING STATEMENT AMENDMENT:

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

THE FOLLOWING PROPERTY IS SITUATED IN  
HELENA, COUNTY OF SHELBY, STATE OF  
ALABAMA TO WIT: SUB: RIVERBEND AT OLD  
CAHABA P H 3 MB/MP: 47/001 LOT/BLOCK: 2236/  
PROPERTY ADDRESS: 6057 MADISON PL, HELENA,  
AL 35080 PARCEL ID#:13-9-30-4-003-012-000

18. MISCELLANEOUS: