

UCC FINANCING STATEMENT

OLLOWINSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)	
C. R. Hali	_
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Orion Financial Group, Inc.	
2860 Exchange Blvd. # 100	
Southlake TX 76092	

C. SEND ACKNOWLEDGMENT TO: (Name and Address) Orion Financial Group, Inc.	20220210000059940 1/2 \$69.00 Shelby Cnty Judge of Probate, AL 02/10/2022 12:56:06 PM FILED/CERT				
2860 Exchange Blvd. # 100					
Southlake TX 76092	•				
				•	
		THE ABOVE SPACE IS FOR	FILING OFFICE USE ONLY		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use of the line 1b, leave all of item 1 blank, check here and provide the late.) 1a. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or ab ndividual Debtor information in item 10 of	-		Debtor's name will not	
			\neg		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	F TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
MCDONALD	BARBARA				
		STATE	TPOSTAL CODE	COUNTRY	
1c. MAILING ADDRESS	IVandiver	AL	35176	USA	
1167 Highway 50	Vanuvei		33170	1037	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use of the line 2b, leave all of item 2 blank, check here and provide the Individual Car. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or ab vidual Debtor information in item 10 of the	_		Debtor's name will not	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ~ ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2 SECURED DADTVIS NAME (OF NAME OF ASSIGNEE OF AS	SCICNOD SECURED DARTY): Deci-	vide only one Secured Berty name (2)	oc 2h)		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN)	nue only one Secured Party name (Sa	0(30)		
WV POG-HIL GRANTOR TRUST C/O 148	85 MANAGEMENT, LCC		•		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E TADDITIC	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1251 6th Avenue, 50th Floor	New York	NY	10020	USA	
<u></u>					
4. COLLATERAL: This financing statement covers the following collateral:					
MCDONALD *20113430*					
4 3 4 O 1 13 177.					
AMOUNT: \$ 20,000.00					
Serial #		A. 05.470			
Affixed to the real property situated at: 11	167 Highway 50 Vandiver	AL 351/6			
				-	
			-		
·					
5. Check only if applicable and check only one box: Collateral isheld in	a Trust (see UCC1Ad, Item 17 and Instruc		y a Decedent's Personal Rep cable and check only one box		
a. Check <u>only</u> if applicable and check <u>only</u> one box:					

5. Check only if applicable and check only one box: Collateral isteld 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/Buyer	Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	<u></u>
Account # BF10129210412	

9. MARCO FIRST DESTORS. Same as line 1 sort to on Financing Statement. If time 1b was left Sa. ORGANIZATION'S NAME	JCC FINANCING STATEMENT ADDE	20220210000059940 2/2 \$69.00				
OR 10. INDIVIDUAL'S SURNAME BARBARA ADDITIONAL NAME (SVINITIALS(S)) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DESTOR'S NAME: Provide (10s or 10b) org. one additional Deplot name or Deplot name that did not fin life 1 to 20 of the Financing Statement (Farm LCC1) pure exert, full name; not only modify, or abbrinding up part of the Deplot name and exter the mailing address in line 100. 10b. INDIVIDUAL'S SURNAME INDIVI			Shelby Cnty Judge of	Probate, AL		
MCDONALD	9a. ORGANIZATION'S NAME			•		
FIRST PERSONAL NAME BARBARA ADDITIONAL NAME(S)INITIALS(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (19th or 10t) crys one additional Deptor name or Debtor name that did not fit in right to right the Financing Statement (Form UCC1) (use exact, Eaf name) not could, mostly, or additive better upon of the personal name and eather the making additives in the 10c. 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME ITIE. ORGANIZATION'S NAME 11c. MAILING ADDRESS 11c. MAILING ADDRESS 11c. MAILING ADDRESS 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS 11c. MAILING STATEMENT is to be fixed (for record) (or recorded) in the Country 11c. Name and address of a RECORD OWNER of read estate described in hero 15 (r. Description of real state). HOME IMPROVEMENT - SIDING 11c. Name and address of a RECORD OWNER of read estate described in hero 15 (r. Description of real state). HOME IMPROVEMENT - SIDING 11d. This FINANCING STATEMENT is to be fixed (for record) (or recorded) in the Country Country Country Country 11d. Description of real states. HOME IMPROVEMENT - SIDING Address: HOME IMPROVEMENT - SIDING	96. INDIVIDUAL'S SURNAME					
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10. DEBTOR'S NAME: Provide (19a or 10b) or one additional Debtor name or Debtor name that did not fit in Imp. 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c. 10c. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(syliNITIALS(s)) 11c. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS Line PROVEMENT - SIDING 11d. This FINANCING STATEMENT: COVERT INTERCORDS (if applicable) 11d. This FINANCING STATEMENT: COVERT INTERCORDS (if applicable) 11d. Description of roal easies: HOME IMPROVEMENT - SIDING 11d. This PINANCING STATEMENT: COVERT INTERCORDS (if applicable) 11d. Description of roal easies: HOME IMPROVEMENT - SIDING 11d. This PINANCING STATEMENT: 11d. Description of roal easies: HOME IMPROVEMENT - SIDING	ADDITIONAL NAME(S)/INITIALS(S)	SUFFIX				
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1. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): BARBARA MCDONALD Address: 1167 Highway 50 Vandiver, AL 35176	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIALS	(S)		SUFFIX		
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13. [X-] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT:	HOME IMPROVEMENT - SIDING					
Covers timber to be cut	-	,_,_,		-		
Debtor Name: BARBARA MCDONALD Address: 1167 Highway 50 Vandiver, AL 35176 HOME IMPROVEMENT - SIDING		\	_	iled as a fixture filing		
BARBARA MCDONALD Address: 1167 Highway 50 Vandiver, AL 35176	Debtor does not have a record interest):					
Vandiver, AL 35176	BARBARA MCDONALD					
			-			

20113430

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 04/20/11)