

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 86565862 ALAL FIXTURE |
| File with: Shelby, AL | |

20220518000201980 1/3 \$50.00
Shelby Cnty Judge of Probate, AL
05/18/2022 08:53:00 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|------------------------------------|-----------------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME ELWARD | FIRST PERSONAL NAME JOHN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 116 HASTINGS LN | | CITY ALABASTER | STATE AL | POSTAL CODE 35114 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | COUNTRY | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 555 SOUTH FEDERAL HWY SUITE 200 | | CITY BOCA RATON | STATE FL | POSTAL CODE 33432 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:
DOORS

Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$5,987.00
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$9.00 with taxes paid in Book 30 and Page 86

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor | |
| 8. OPTIONAL FILER REFERENCE DATA: 86565862 2988325 | |



20220518000201980 2/3 \$50.00
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

ELWARD

FIRST PERSONAL NAME

JOHN

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

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

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

ELWARD ANGELA & CHRIS
116 HASTINGS LN
MAYLENE, AL 35114

16. Description of real estate:

PARCEL ID: 23 2 04 0 007 041.000

ELWARD
116 HASTINGS LN
MAYLENE, AL 35114

LEGAL DESCRIPTION: LOT 284, ACCORDING TO
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 86565862-AL-117 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC

File with: Shelby, AL

2988325

Debtor: ELWARD, JOHN

Exhibit for Real Estate

16. Description of real estate: Continued

THE SURVEY OF CEDAR GROVE AT STERLING
GATE SECTOR 2, PHASE 6, AS RECORDED IN MAP
BOOK 30, PAGE 86, IN THE OFFICE OF THE JUDGE
OF PROBATE OF SHELBY COUNTY, ALABAMA.
INSTRUMENT: 20200925000432690 DATE:09/25/2020

Page No:

86

Book No:

30