

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) 54923 - RenovateOpco	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	87147781 ALAL FIXTURE
File with: Shelby, AL	



20220617000244720 1/3 \$63.50
Shelby Cnty Judge of Probate, AL
06/17/2022 01:45:58 PM 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)

OR	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S SURNAME WRITESMAN			
1c. MAILING ADDRESS 4546 Highway 47		FIRST PERSONAL NAME JAKOB	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CITY Shelby		STATE AL	POSTAL CODE 35143	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)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME WRITESMAN			
2c. MAILING ADDRESS 4546 Highway 47		FIRST PERSONAL NAME AMBER	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX
CITY Shelby		STATE AL	POSTAL CODE 35143	COUNTRY USA

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

OR	3a. ORGANIZATION'S NAME RenovateOpco Trust			
	3b. INDIVIDUAL'S SURNAME			
3c. MAILING ADDRESS 345 Park Ave, 31st Floor		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CITY New York		STATE NY	POSTAL CODE 10154	COUNTRY USA

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

Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$14,991.00
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$22.50 with taxes paid in Book 1997 and Page 41944

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	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: 87147781 3330935	

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 ☐

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME WRITESMAN	
	FIRST PERSONAL NAME JAKOB	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX



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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

OR	10a. ORGANIZATION'S NAME				
	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)

OR	11a. ORGANIZATION'S NAME				
	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)

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

GUY BRANDON
4546 HIGHWAY 47
SHELBY, AL 35143

14. This FINANCING STATEMENT:

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

16. Description of real estate:

PARCEL ID: 304192002019001

WRITESMAN
4546 HIGHWAY 47
SHELBY, AL 35143

LEGAL DESCRIPTION: LOTS 23, 24, 25, 26 AND 27,
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 87147781-AL-117 54923 - RenovateOpco Trust -

RenovateOpco Trust

File with: Shelby, AL

3330935

Debtor: WRITESMAN, JAKOB



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Exhibit for Real Estate

16. Description of real estate: Continued

AND THE SOUTH 30.97 FEET OF LOTS 28, 29, 30, 31
AND 32 ALL OF BLOCK 97, OF SAFFORD'S MAP OF
SHELBY, AS RECORDED IN MAP BOOK 3, PAGE
38-47, IN THE PROBATE OFFICE OF SHELBY
COUNTY, ALABAMA; BEING SITUATED IN SHELBY
COUNTY, ALABAMA.

Page No:

41944

Book No:

1997