



20220907000349130 1/2 \$127.35  
Shelby Cnty Judge of Probate, AL  
09/07/2022 01:17:28 PM FILED/CERT

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)		
Rebecca Wheeler	(816) 207-2125	1447237
B. EMAIL CONTACT AT FILER (optional)		
rebecca.wheeler@alorica.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
MEDALLION BANK		
4315 PICKETT RD.		
ST. JOSEPH, MO 64503		
FILED IN: SHELBY,AL		

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Turbville	Laura	Michelle		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
220 Camden Cove Pkwy	Calera	AL	35040	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
Turbville	Justin	John		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
220 Camden Cove Pkwy	Calera	AL	35040	USA

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				
OR				
MEDALLION BANK				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4315 PICKETT RD.	ST. JOSEPH	MO	64503	USA

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

Pool - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN CALERA, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT:  
SUB: CAMDEN COVE SECTOR 4 MB/M P: 28/128 LOT/BLOCK: 84/ PROPERTY ADDRESS: 220 CAMDEN COVE  
PKWY, CALERA, AL 35040 PARCEL ID#:28-5-16-2-003-036-000

TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$58844.00

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 only if applicable and check only one box :

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:



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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

Turbville

FIRST PERSONAL NAME

Laura

ADDITIONAL NAME(S)/INITIAL(S)

Michelle

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

USA

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):

Owners: Laura Michelle Turbville , Justin John Turbville

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN CALERA, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: SUB: CAMDEN COVE SECTOR 4 MB/M P: 28/128 LOT/BLOCK: 84/ PROPERTY ADDRESS: 220 CAMDEN COVE PKWY, CALERA, AL 35040 PARCEL ID#:28-5-16-2-003-036-000

17. MISCELLANEOUS: