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20230103000000690 1/3 \$41.00 Shelby Cnty Judge of Probate, AL

LICC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				•	′ Ø1.	/03/2023	AM FILED/CER
A. NAME & PHONE OF CONTACT AT FILER (options) Name: Wolters Kluwer Lien Solutions Phone: 8	•	18-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						•	
C. SEND ACKNOWLEDGMENT TO: (Name and Addi	ess) source						
, GE118 1 (C)	58119 - Conce	ord Servicing					
Lien Solutions P.O. Box 29071	90640	120					
Glendale, CA 91209-9071	ALAL						
	FIXTU	DE .				*.	
	LIVIO					-	
File with: Shelby, AL			THE ABO	OVE SPA	CE IS F	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1	<u> </u>		• .	•		• • •	
name will not fit in line 1b, leave all of item 1 blank, check t	nere and provide the	e Individual Debtor	information in item 1	0 of the Fin	ancing Sta	atement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME			•		,		
OR 16. INDIVIDUAL'S SURNAME		FIRST PERSONAL I	VAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SYKES		SHELLEY			K		•
1c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
104 WIDGEON DRIVE		ALABASTER			AL	35007	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2	a or 2b) (use exact, full na	ame; do not omit, n	odify, or abbreviate	any part of t	the Debtor	r's name); if any part of the	Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check l	here 🔲 and provide the	e Individual Debtor	information in item 1	0 of the Fin	ancing Sta	atement Addendum (Form	UCC1Ad)
2a, ORGANIZATION'S NAME							
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL I	VAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SYKES		CRAIG				.,- <u></u>	
2c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
104 WIDGEON DRIVE		ALABASTER			AL	35007	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	E of ASSIGNOR SECUR	ED PARTY): Provi	de only <u>one</u> Secured	Party nam	e (3a or 3	b)	
3a, ORGANIZATION'S NAME Connexus Credit Union				75.5			
00		LEIDOT DEDCONAL	MANIC		LADDITIO		Louiceix
36. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
1 Corporate Dr. Ste 700		Wausau			WI	54401	USA
4. COLLATERAL: This financing statement covers the follow	wing collateral:	vvausau			A A L	- OTTO /	7 0 0 / 1
For goods purchased with these loan proceeds.			•	. 7			
Original Loan Amount: \$69,010.00				•	•	•	

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$69,010.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$103.65

5. Check only if applicable a	and check <u>only</u> one box: C	ollateral is held in a Tru	st (see UCC1Ad, item 17 a	nd Instructions)	being administered by a D	ecedent's Personal Representative
6a, Check only if applicable	والمراجع المراجع المراجع المراجع المراجع					ole and check <u>only</u> one box:
Public-Finance Tra	nsaction Manufac	tured-Home Transaction	A Debtor is a Tran	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNA	ATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFE 90640120	RENCE DATA: Connexus				108658	•
	- LICO EINANGINO (TATEMENT (Come 11/	2042 (Day 04/20/44)			ed by Lien Solutions, P.O. Box 29071, ie. CA 91209-9071 Tel (800) 331-3282



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UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St	tatement; if line 1b was left blank						
because Individual Debtor name did not fit, check here	· 				•		
9a. ORGANIZATION'S NAME					•		
			i Sala Sala	* **	· :		
			t_1 1 ₂	v		•	
9b. INDIVIDUAL'S SURNAME					•		
SYKES			•	•		,	
FIRST PERSONAL NAME SHELLEY							
ADDITIONAL NAME(S)INITIAL(S)	SUFF	X	; ,		•		
K			THE ABOVE	SPACE	IS FOR FILING	G OFFICE	E USE O
DEBTOR'S NAME: Provide (10a or 10b) only one additional De	ebtor name or Debtor name that did	not fit in line 1					
do not omit, modify, or abbreviate any part of the Debtor's name) an					·	·	
10a. ORGANIZATION'S NAME							
406 INDUMENTALE STIPMAME							 _
10b. INDIVIDUAL'S SURNAME							•
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
	CITY		ر م دی	STATE.	POSTAL CODE		COUNTR
c. MAILING ADDRESS				1 07772	OOTAL OOBL		
11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PA		***	ADDITIO	NAL NAME(S)/INITIA	AL(S)	SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME				ADDITIO	POSTAL CODE	AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N					AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	FIRST PERSONAL N				POSTAL CODE	AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL N				POSTAL CODE	AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL N				POSTAL CODE	AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	FIRST PERSONAL N				POSTAL CODE	AL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL N				POSTAL CODE	AL(S)	
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11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record)	CITY city ecorded) in the 14. This FINANCII	NG STATEME	NT:	STATE	POSTAL CODE		COUNTE
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Lien Solutions Order #:

89400876

Search Effective Date:

10/11/2022

Address:

104 Widgeon Drive

Alabaster, Al 35007 Shelby

County: APN:

23-6-14-1-002-038-000

Deed:

1). Document Type:

Deed

Grantor:

Rita Laird Hughey and Marvin Hughey, husband and wife, herein

Grantee:

Shelley K. Sykes and Craig C. Sykes

Recorded:

07/05/2017

Instrument #:

20170705000237210

Legal Description:

Legal Description as per last deed of record

LOT 38, ACCORDING TO A RESURVEY OF LOTS 1-24 AND 2739 OF THE GROVE, AS RECORDED IN MAP BOOK 36, PAGE 97, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

APN: 23-6-14-1-002-038-000

Disclaimer:

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Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL



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