

**UCC FINANCING STATEMENT** 

**FOLLOW INSTRUCTIONS** 

20230105000003840 01/05/2023 08:02:23 AM UCC1 1/3

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)
Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

File with: Shelby, Al

	FIXTURE			
File with: Shelby, AL	THE A	BOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (ເ				
ame will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item	n 10 of the Financing St	atement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
RICHARDSON	JOSHUA	7.551110		SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
6 STONECREEK PL	CALERA	AL	35040	USA
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (ι	use exact, full name; do not omit, modify, or abbre∨iat	te any part of the Debto	r's name); if any part of the	•
ame will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item	n 10 of the Financing St	atement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		A-1	DOOTAL OODE	001101751
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	IGNOR SECURED PARTY): Provide only <u>one</u> Secur	red Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY LLC				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUF	
OB. INDIVIDORE O CORNATIVE	THOTTEROOMALIAN	ADDITIO	TARE TARME(O)/ITATTIRE(O)	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
55 SOUTH FEDERAL HWY SUITE 200	BOCA RATON	<b>I</b> FL	33432	USA
OLLATERAL: This financing statement covers the following colla			00102	100/
OFING				
nplete only when filing with the Judge of Probate: initial indebtedness secured by this financing staten				
initial indebtedness secured by this financing staten tgage tax due (\$.15 per \$100.00 or fraction thereof)	nent is \$5,462.20			
igage lax due (\$.15 per \$100.00 or fraction thereof)	φ0.23			
neck only if applicable and check only one box: Collateral is	ald in a Truct (acal ICC) Ad itam 17 and Instruction	no) Dhoine administa	rad by a Dagadant'a Dara	onal Donrocon
Check only if applicable and check only one box. Collateral is	neld in a Trust (see UCC1Ad, item 17 and Instruction		if applicable and check or	•
	rangaction			
Public-Finance Transaction Manufactured-Home Ti			tural Lien Non-UC	
LTERNATIVE DESIGNATION (if applicable): Lessee/Lesso	r Consignee/Consignor Selle	er/Buyer Bai	lee/Bailor Lice	ensee/Licensor
PTIONAL FILER REFERENCE DATA: 2883716				

## 20230105000003840 01/05/2023 08:02:23 AM UCC1 2/3

UCC FINANCING STATEMENT ADDENIONS	DUM						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta	tement; if line 1b was left blank						
because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME							
Sa. Ortortortortortorto							
OR 9b. INDIVIDUAL'S SURNAME							
RICHARDSON							
FIRST PERSONAL NAME							
JOSHUA							
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		ESDACE	IS EOD EII ING OEEK	CE LISE ONI V		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb	otor name or Debtor name that did not fit			tatement (Form UCC1) (use			
do not omit, modify, or abbreviate any part of the Debtor's name) and							
10a. ORGANIZATION'S NAME							
OR 10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX		
INDIVIDUAL S'ADDITIONAL IVAIVIE(S)/INITIAL(S)					SUFFIX		
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S	NAME: Provide onl	y <u>one</u> nam	e (11a or 11b)			
TIA. ORGANIZATION S NAIVIE							
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
12. ADDITIONAL OF ACET ON TILIVI 4 (Collateral).							
	_						
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)							
15. Name and address of a RECORD OWNER of real estate described			-extracted	collateral X is filed as a	a fixture filing		
(if Debtor does not have a record interest):							
JOSHUA JAMES RICHARDSON / JAS	SIVIINE APN: 28-3-06	IE APN: 28-3-06-0-004-025-000					
RICHARDS		RICHARDSON					
		196 STONECREEK PL					
		CALERA AL 35040					
	<b>-</b>	County SHELBY					
		DESCRIPTION: OT 24 LEGAL BOOK 36 PAGE 37, Sec/Twnshp/Ran 6 22S 02W Nbrhd: 03 Stonecreek /					
	•	Sec/Twnshp/Ran 6 ZZS 0ZVV Nomu. 03 Stonecreek / [See Exhibit for Real Estate]					

SERVICE FINANCE COMPANY LLC

File with: Shelby, AL

2883716

17. MISCELLANEOUS: 90699308-AL-117 46322 - SunTrust Bank

Debtor: RICHARDSON, JOSHUA

Exhibit for Real Estate

16. Description of real estate: Continued

Rossburg R-2, Munic / Twnshp: Calera, Twnshp-Rng-Sec: 22S-02W-06





Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/05/2023 08:02:23 AM
\$49.25 BRITTANI

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