

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (Optional)

1-800-970-7250 1506607 MP

B. EMAIL CONTACT AT FILER (Optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Vanderbilt Mortgage and Finance, Inc.
PO Box 9800
Maryville, TN 37802



20230221000046090 1/2 \$60.60
Shelby Cnty Judge of Probate, AL
02/21/2023 11:30:29 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

Tanniehill

FIRST PERSONAL NAME

Tamara

ADDITIONAL NAME(S) INITIAL(S)

R

SUFFIX

1c. MAILING ADDRESS

575 SIMMSVILLE RD

CITY

ALABASTER

STATE

AL

POSTAL CODE

35007

COUNTRY

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

Vanderbilt Mortgage and Finance, Inc.

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

PO Box 9800

CITY

Maryville

STATE

TN

POSTAL CODE

37802

COUNTRY

USA

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

INSULATION and Installation, as referenced in the Consumer Loan Note, Security Agreement, and Disclosure Statement
executed on 1/27/2023

Total Amount Financed: \$14,363.50

5. Check only if applicable and check only one box: Collateral is ☐ held in 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:

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. Same as item 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

Tanniehill

FIRST PERSONAL NAME

Tamara

ADDITIONAL NAME(S) INITIAL(S)

R

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

11.a ORGANIZATION'S NAME

11.b 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):

116. Description of real estate:
575 SIMMSVILLE RD
ALABASTER, AL 35007
Tax (Parcel) ID: 13 7 36 3 001 022.001
Legal Description: as shown in deed recorded in SHELBY County, AL in instrument number 19850626000139290
COM INT E ROW PROJECT RD AND NW ROW LN CO RD #11 NELY ALG ROW CO RD #11 230 TO

17. MISCELLANEOUS:

International Association of Commercial Administrators (IACA)