

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

20230301000056300 03/01/2023 01:36:31 PM 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) 46322 - SunTrust Bank

Lien Solutions P.O. Box 29071	91633633			
Glendale, CA 91209-9071	ALAL			
	FIXTURE ₁			
File with: Shelby, AL		THE ABOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
. DEBTOR'S NAME: Provide only one Debtor name				
name will not fit in line 1b, leave all of item 1 blank, chec	k here and provide the Individual Debtor	information in item 10 of the Financing St	atement Addendum (Form I	JCC1Ad)
1a. ORGANIZATION'S NAME				
7 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
SHIELDS	WILLIAM	В	В	
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
09 TIMBERLEAF CIR	CIR ALABASTER		35007	USA
DEBTOR'S NAME: Provide only one Debtor name				
name will not fit in line 2b, leave all of item 2 blank, chec	k here and provide the Individual Debtor	information in item 10 of the Financing St	atement Addendum (Form I	JCC1Aa)
Za. OROANIZATIONO INAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIG	NEE of ASSIGNOR SECURED PARTY): Provi	de only <u>one</u> Secured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LL	C.			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	NAL NAME(S)/INITIAL(S)	SUFFIX
SD. HADIVIDOALS SCIKINAIVIL	TIKOTTEKOONAL	INAIVIL	ADDITIONAL INAME(O)/IIVITIAE(O)	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
555 SOUTH FEDERAL HWY STE 200	BOCA RATO	N	33432	USA
COLLATERAL: This financing statement covers the fo				
VAC				
omplete only when filing with the Judge of Pr	robate:			
he initial indébtedness šecured by thiš financ lortgage tax due (\$.15 per \$100.00 or fraction	•			
Check only if applicable and check only one box: Colla	teral is held in a Trust (see UCC1Ad, item			
. Check <u>only</u> if applicable and check <u>only</u> one box:			if applicable and check <u>or</u>	
			tural Lien Non-UC	
· · · · · · · · · · · · · · · · · · ·	essee/Lessor Consignee/Consigno	or Seller/Buyer Ba	ilee/Bailor Lice	nsee/Licensor
OPTIONAL FILER REFERENCE DATA: 1633633 2509353				

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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 9b. INDIVIDUAL'S SURNAME SHIELDS FIRST PERSONAL NAME WILLIAM ADDITIONAL NAME(S)/INITIAL(S) **SUFFIX** В 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 **SUFFIX** INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE 10c. MAILING ADDRESS CITY STATE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME <u>or</u> 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): COTTLE MARY JACQUELINE PARCEL # 137254000011024 SHIELDS 109 TIMBERLEAF CIR ALABASTER AL 35007

District: 02 City, Municipality, Township: ALABASTER

[See Exhibit for Real Estate]

Debtor: SHIELDS, WILLIAM, B

Exhibit for Real Estate

16. Description of real estate: Continued

Subdivision Name: TIMBERLEAF TOWNHOMES Sec/Twn/Rng/Mer: SEC 25 TWN 20S RNG 03W SEC/TWNSHP/RAN 25 20S 03W NBRHD: 02

ALABASTER TOWNHOMES R-2 Recorder's Map Ref:

MP 21 PG 031

DOC # 20210202000054260 01/29/2021



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
03/01/2023 01:36:31 PM
\$48.65 PAYGE
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