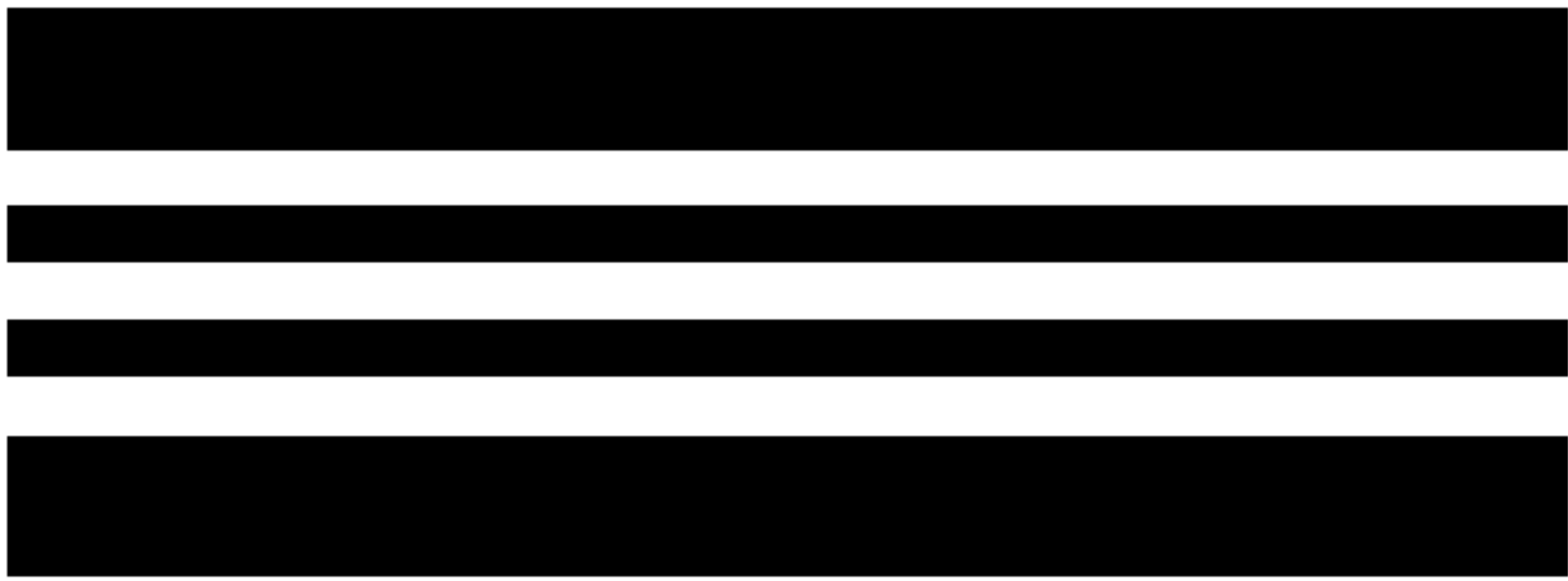




UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294                                                                                                             |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com                                                                                                                 |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2533 81529<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama<br/>(Shelby)</div> |  |

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)

|                                     |                                    |                                |                                          |                      |                |
|-------------------------------------|------------------------------------|--------------------------------|------------------------------------------|----------------------|----------------|
| OR                                  | 1a. ORGANIZATION'S NAME            |                                |                                          |                      |                |
|                                     | 1b. INDIVIDUAL'S SURNAME<br>Miller | FIRST PERSONAL NAME<br>Maxwell | ADDITIONAL NAME(S)/INITIAL(S)<br>Trenton | SUFFIX               |                |
| 1c. MAILING ADDRESS 335 Cherokee St |                                    | CITY<br>Montevallo             | STATE<br>AL                              | POSTAL CODE<br>35115 | COUNTRY<br>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)

|                     |                          |                     |                               |             |         |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                     | 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)

|                                          |                                                                                                     |                     |                               |                      |                |
|------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------|-------------------------------|----------------------|----------------|
| OR                                       | 3a. ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC |                     |                               |                      |                |
|                                          | 3b. INDIVIDUAL'S SURNAME                                                                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 3c. MAILING ADDRESS 3419 Silverside Road |                                                                                                     | CITY<br>Wilmington  | STATE<br>DE                   | POSTAL CODE<br>19810 | COUNTRY<br>USA |

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

All fixtures now or hereafter securely and/or permanently attached to the property identified above, excluding personal effects and household goods or appliances that are not considered fixtures under applicable law.  
Fixture Definition: An object physically and permanently attached or fastened to the property. This includes items that have the following method of attachment; bolted, screwed, nailed, glued, or cemented onto the walls, floors, ceilings or any other part of the home.  
Proposed Fixtures include but not limited to:  
Built-in cabinets and shelving  
Bathroom vanities  
Light fixtures

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |  |                                                                                                                                                          |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |  | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |  |  |                                                                                                                                                          |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |  |  |                                                                                                                                                          |  |  |

2533 81529

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 <input type="checkbox"/> |                               |
| 9a. ORGANIZATION'S NAME                                                                                                                                                          |                               |
|                                                                                                                                                                                  |                               |
| OR                                                                                                                                                                               | 9b. INDIVIDUAL'S SURNAME      |
|                                                                                                                                                                                  | Miller                        |
|                                                                                                                                                                                  | FIRST PERSONAL NAME           |
|                                                                                                                                                                                  | Maxwell                       |
|                                                                                                                                                                                  | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                  | Trenton                       |
|                                                                                                                                                                                  | SUFFIX                        |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                           |                                            |      |       |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|-------|-------------|
| 10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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     |
|                                                                                                                                                                                                                                                                                                           |                                            |      |       |             |

|                                                                                                                                                                          |                           |      |                     |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------|---------------------|-------------------------------|
| 11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b) |                           |      |                     |                               |
| 11a. ORGANIZATION'S NAME                                                                                                                                                 |                           |      |                     |                               |
|                                                                                                                                                                          |                           |      |                     |                               |
| OR                                                                                                                                                                       | 11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                          |                           |      |                     |                               |
| 11c. MAILING ADDRESS                                                                                                                                                     |                           | CITY | STATE               | POSTAL CODE                   |
|                                                                                                                                                                          |                           |      |                     | COUNTRY                       |
|                                                                                                                                                                          |                           |      |                     |                               |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

|                                                                                                                                                                                                               |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)                                                         | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):<br>Maxwell Trenton Miller<br>335 Cherokee St<br>Montevallo, AL 35115<br>Shelby County | 16. Description of real estate:<br>APN: 275211001020000<br><br>Property Address:<br>335 Cherokee St<br>Montevallo, AL 35115<br>Shelby County<br><br>Indebtedness: \$23,873.66                              |

17. MISCELLANEOUS:

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

Miller

FIRST PERSONAL NAME

Maxwell

ADDITIONAL NAME(S)/INITIAL(S)

Trenton

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

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):



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
04/17/2023 09:53:16 AM  
\$42.00 JOANN  
20230417000109170

*Allen S. Bayl*

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):

16. Description of real estate:  
SEC/TWNSHP/RAN 21 22S 03W NBRHD: 07 INDIAN HIGHLANDS R-2

17. MISCELLANEOUS: