

20230810000241330 08/10/2023 08:10:25 AM UCC1 1/3

| A NAME & DHONE OF CONTACT AT EILED (optional) | | | | |
|--|--|---|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 806 | | | | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Addre | ss) 51860 - Concord Servicing | | | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 94451673 ALAL FIXTURE | | | |
| File with: Shelby, AL | | THE ABOVE SPACE IS F | OR FILING OFFICE U | JSE ONLY |
| name will not fit in line 1b, leave all of item 1 blank, check he | | | | - |
| R | • | | | T |
| TOLES | FIRST PERSONAL NAME EDWARD | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| TOLES | | ADDITIO | POSTAL CODE | SUFFIX |
| TOLES c. MAILING ADDRESS | EDWARD | | | |
| TOLES Ic. MAILING ADDRESS 2034 TIMBERLINE DR | CALERA or 2b) (use exact, full name; do not omit, modify, or a | STATE AL bbreviate any part of the Debte | POSTAL CODE 35040 or's name); if any part of the | COUNTRY USA e Individual Debto |
| TOLES 1c. MAILING ADDRESS 2034 TIMBERLINE DR 2. DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check he | CALERA or 2b) (use exact, full name; do not omit, modify, or a | STATE AL bbreviate any part of the Debto | POSTAL CODE 35040 or's name); if any part of the | COUNTRY USA e Individual Debto |
| TOLES Ic. MAILING ADDRESS 2034 TIMBERLINE DR DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME | CALERA or 2b) (use exact, full name; do not omit, modify, or a | STATE AL bbreviate any part of the Debto | POSTAL CODE 35040 or's name); if any part of the tatement Addendum (Form | COUNTRY USA e Individual Debto UCC1Ad) |
| TOLES Ic. MAILING ADDRESS 2034 TIMBERLINE DR . DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME | CITY CALERA or 2b) (use exact, full name; do not omit, modify, or a gre and provide the Individual Debtor information FIRST PERSONAL NAME CITY | STATE AL bbreviate any part of the Debto n in item 10 of the Financing St ADDITIO | POSTAL CODE 35040 or's name); if any part of the tatement Addendum (Formation NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY USA e Individual Debto UCC1Ad) SUFFIX |
| TOLES Ic. MAILING ADDRESS 2034 TIMBERLINE DR DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME | CITY CALERA or 2b) (use exact, full name; do not omit, modify, or a gre and provide the Individual Debtor information FIRST PERSONAL NAME CITY | STATE AL bbreviate any part of the Debto in item 10 of the Financing St ADDITION STATE STATE | POSTAL CODE 35040 or's name); if any part of the tatement Addendum (Formation NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY USA e Individual Debto UCC1Ad) SUFFIX |
| TOLES Ic. MAILING ADDRESS 2034 TIMBERLINE DR DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME Connexus Credit Union | CALERA or 2b) (use exact, full name; do not omit, modify, or a ere and provide the Individual Debtor information FIRST PERSONAL NAME CITY of ASSIGNOR SECURED PARTY): Provide only on | STATE AL bbreviate any part of the Debto in item 10 of the Financing St ADDITION STATE STATE | POSTAL CODE 35040 or's name); if any part of the tatement Addendum (Formation Postal Code POSTAL CODE | COUNTRY USA e Individual Debto UCC1Ad) SUFFIX COUNTRY |

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$154,500.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$231.90

| 5. Check only if applicable and check or | <u>nly</u> one box։ Collateral isheld in a Trւ | ust (see UCC1Ad, item 17 and | d Instructions) | being administered by a Dec | edent's Personal Representative |
|--|--|------------------------------|-----------------|------------------------------|---------------------------------|
| 6a. Check only if applicable and check | only one box: | | | 6b. Check only if applicable | and check only one box: |
| Public-Finance Transaction | Manufactured-Home Transaction | A Debtor is a Transm | nitting Utility | Agricultural Lien | Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if ap | plicable): Lessee/Lessor | Consignee/Consignor | Seller/Buye | r Bailee/Bailor | Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DAT | ГА: | | | | |
| 94451673 | Connexus | | | 659694 | |
| | | | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

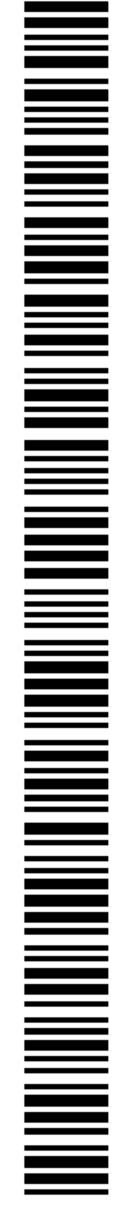
| FOLLOWINSTRUCTIONS | | | | |
|---|--|----------------------------------|--------------------------|------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem | ent; if line 1b was left blank | | | |
| because Individual Debtor name did not fit, check here | | | | |
| 9a. ORGANIZATION'S NAME | | | | |
| | | | | |
| | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | | | | |
| TOLES | | | | |
| FIRST PERSONAL NAME | | | | |
| EDWARD | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| | | THE ABOVE SPACE | E IS FOR FILING OFF | ICE 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 li | | | |
| do not omit, modify, or abbreviate any part of the Debtor's name) and ente | | | ` , ` | , |
| 10a. ORGANIZATION'S NAME | | | | |
| | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | |
| | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| | | | | Lauren |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| IOC. IVIAILING ADDITESS | CITT | SIAIL | POSTAL CODE | COOMIKI |
| 44 DARBER BARTION CONTRACTOR DAY | | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or AS | SSIGNOR SECURED PARTY'S N. | AME: Provide only <u>one</u> nam | e (11a or 11b) | |
| TIG. OFTO, WILL WILL | | | | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | |
| 12. 7.221110117.12 01 7.021 01 11 2m 1 (00matoral). | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 13. This FINANCING STATEMENT is to be filed [for record] (or records | ed) in the 14. This FINANCING STATE | MENT: | | |
| REAL ESTATE RECORDS (if applicable) | covers timber to be c | ut 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 16. Description of real estate | • • | | |
| (if Debtor does not have a record interest): | | | | |
| | Parcel Identifie | r: 35-1-01-1-002 | 2-020-000 Leg | jal |
| | Description: Th | IE FOLLOWING | DESCRIBED | REAL |
| | ESTATE IN SH | IELBY COUNTY | ', ALABAMA ⁻ | TO-WIT: |
| | | 9, ACCORDING | | |
| | THE RESERVE | • | | |
| | | , PAGE 117 A, I | • | |
| | | • | • | 14 1111 |
| | See Exhibit for Rea | FICE OF SHELE | T COUNTY, | |
| | | | | |
| 17. MISCELLANEOUS: 94451673-AL-117 51860 - Concord Servicing Co | Connexus Credit Union | File with: Shelby, AL Connex | cus 659694 | |

Debtor: TOLES, EDWARD

Exhibit for Real Estate

16. Description of real estate: Continued

ALABAMA.





Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/10/2023 08:10:25 AM
\$272.75 JOANN

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