20230823000254100 08/23/2023 01:47:37 PM UCC1 1/2

N. NAME & PHONE OF CONTACT AT FILER (optional)  Name: Wolters Kluwer Lien Solutions Phone: 800-331-32	282 Fav: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional)	202 T ax. 010-002-4141			
uccfilingreturn@wolterskluwer.com				
SEND ACKNOWLEDGMENT TO: (Name and Address) 581	19 - Concord Servicing			
Lien Solutions P.O. Box 29071	94663285			
	4LAL			
	FIXTURE			
File with: Shelby, AL	THE A	BOVE SPACE IS F	OR FILING OFFICE US	SE ONLY
EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use	e exact, full name; do not omit, modify, or abbreviat	te any part of the Debto	's name); if any part of the	Indi∨idual Deb
ame will not fit in line 1b, leave all of item 1 blank, check here 🔲 a	nd provide the Individual Debtor information in item	n 10 of the Financing Sta	atement Addendum (Form l	JCC1Ad)
1a. ORGANIZATION'S NAME				
Ia. ORGANIZATION S NAIVIL				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	FIRST PERSONAL NAME SIDNEY	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1b. INDIVIDUAL'S SURNAME SMOTHERMAN		ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	
1b. INDIVIDUAL'S SURNAME SMOTHERMAN MAILING ADDRESS 15 COMANCHE STREET DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	SIDNEY  CITY  MONTEVALLO  e exact, full name; do not omit, modify, or abbreviate	STATE  AL  Ite any part of the Debtor	POSTAL CODE  35115  's name); if any part of the	COUNTRY  USA  Individual Deb
1b. INDIVIDUAL'S SURNAME SMOTHERMAN  MAILING ADDRESS  15 COMANCHE STREET  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use tame will not fit in line 2b, leave all of item 2 blank, check here are all 2a. ORGANIZATION'S NAME	SIDNEY  CITY  MONTEVALLO  e exact, full name; do not omit, modify, or abbreviate	STATE  AL  Ite any part of the Debtor	POSTAL CODE  35115  's name); if any part of the	COUNTRY  USA  Individual Deb  JCC1Ad)
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Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$104,030.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$156.15

5. Check only if applicable and check or	nly one box: Collateral is held in a	Trust (see UCC1Ad, item 17 an	d Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	on A Debtor is a Transr	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if ap	plicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DAT	ГА:				
94663285	CONNEXUS			108976	
				D	h I : O-I

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Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/23/2023 01:47:37 PM
\$105.15 RRITTANI

UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS	DDI	\$195.15 BF			0 n
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fi because Individual Debtor name did not fit, check here	·	<del>202308</del> 230 ft blank	00254100		July 2.
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
SMOTHERMAN  FIRST PERSONAL NAME  SIDNEY					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE	E IS FOR FILING OF	FICE USE ONLY
10. <b>DEBTOR'S NAME</b> : Provide (10a or 10b) only <u>one</u> act do not omit, modify, or abbreviate any part of the Debtor's 10a. ORGANIZATION'S NAME		e that did not fit in line 1b			
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  11a. ORGANIZATION'S NAME	or ASSIGNOR SECUR	RED PARTY'S NAME:	Provide only <u>one</u> nam	e (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIO	NAL 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 red REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real esta			T: covers as-extracted	collateral X is filed a	s a fixture filing
(if Debtor does not have a record interest):  Emily Elizabeth Smotherman an Michael Smotherman Jr	LOT INDIA BY NATHE ALAE	110, ACCOR AN HIGHLAN IAP RECORE	DS, THIRD ADED IN MAP FFICE OF S	IE SURVEY (ADDITION, ASBOOK 6, PAGHELBY COU	S SHOWN GE 28, IN

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

CONNEXUS 108976

File with: Shelby, AL

Connexus Credit Union

17. MISCELLANEOUS: 94663285-AL-117 58119 - Concord Servicing -