

[REDACTED]

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[REDACTED]

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FOLLOW INSTRUCTIONS

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) 58119 - Concord Servicing	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	94663285 ALAL FIXTURE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	SMOTHERMAN	SIDNEY			
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
515 COMANCHE STREET		MONTEVALLO	AL	35115	USA

OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S SURNAME SMOTHERMAN		FIRST PERSONAL NAME EMILY		ADDITIONAL NAME(S)/INITIAL(S)
2c. MAILING ADDRESS 515 COMANCHE STREET		CITY MONTEVALLO	STATE AL	POSTAL CODE 35115	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secured Party name (3a or 3b)				
OR	3a. ORGANIZATION'S NAME <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Connexus Credit Union</div>			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1 Corporate Dr, Ste 700		Wausau	WI	54401
				COUNTRY
				USA

Original Loan Amount: \$ 104,030.00

Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$156.15

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: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility </div>	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing </div>
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/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <div style="display: flex; justify-content: space-between;"> 94663285 CONNEXUS 108976 </div>	

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/23/2023 01:47:37 PM
\$195.15 BRITTANI
20230823000254100

Allen S. Beyle

UCC FINANCING STATEMENT ADDI
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	
SMOTHERMAN	
FIRST PERSONAL NAME	
SIDNEY	
ADDITIONAL NAME(S)/INITIAL(S)	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

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):

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: <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): Emily Elizabeth Smotherman and Sidney Michael Smotherman Jr	16. Description of real estate: LOT 110, ACCORDING TO THE SURVEY OF INDIAN HIGHLANDS, THIRD ADDITION, AS SHOWN BY MAP RECORDED IN MAP BOOK 6, PAGE 28, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA. APN: 27-5-16-4-001-060-000