

UCC FINANCING STATEMENT				
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) 5	8119 - Concord Servicing			
Lien Solutions P.O. Box 29071	94839729			
Glendale, CA 91209-9071	ALAL			
•	FIXTURE			
File with: Shelby, AL	THE A	BOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (				
name will not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME	and provide the individual Debtor Information in Item	10 of the Financing Sta	atement Addendum (Form	UCC1Aa)
Ia. ORGANIZATION S NAIVIE				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
WESSON	RACHEL			SUFFIX
1c. MAILING ADDRESS	CITY	STATE	STATE POSTAL CODE	
809 SHELBY FARMS CIR	ALABASTER	AL	35007	USA
2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
WESSON	CHRISTOPHER			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
809 SHELBY FARMS CIR	ALABASTER	AL	35007	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	SIGNOR SECURED PARTY): Provide only <u>one</u> Secur	ed Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME  Connexus Credit Union				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
OD. INDIVIDOALO GOIXINAIVIL	THOTTEROONALIVAL	ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1 Corporate Dr, Ste 700	Wausau	WI	54401	USA
4. COLLATERAL: This financing statement covers the following coll For goods purchased with these loan proceeds. Project: POOL Original Loan Amount: \$72,100.00	ateral:			

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$72,100.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$108.30

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Dublic-Finance Transaction Manufactured-Home Transaction Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 94839729 CONNEXUS	633470

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## UCC FINANCING STATEMENT ADDENDUM

FOL	$I \cap V \setminus I \setminus V$	ISTRUCI	TIONS

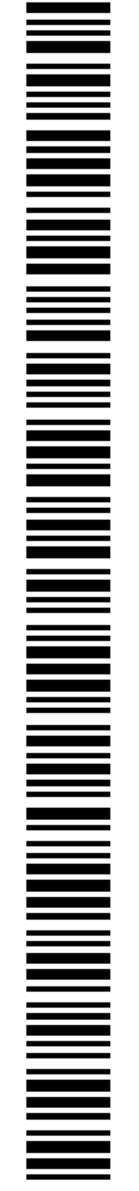
FOLLOW INSTRUCTIONS		_			
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blank				
because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
OR OF INDUSTRIALIS OF IDMANAE					
9b. INDIVIDUAL'S SURNAME  WESSON					
FIRST PERSONAL NAME  RACHEL					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE SPAC	E IS FOR FILING OFF	FICE USE ONLY	
10. <b>DEBTOR'S NAME:</b> Pro∨ide (10a or 10b) only <u>one</u> additional Debt	or name or Debtor name that did not fit in	line 1b or 2b of the Financing	Statement (Form UCC1) (u	se exact, full name;	
do not omit, modify, or abbreviate any part of the Debtor's name) and e	enter the mailing address in line 10c				
10a. ORGANIZATION'S NAME					
OR TOLENON (IBLIALIS OLIBALANE)					
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 <u>one</u> nai	me (11a or 11b)		
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. X This FINANCING STATEMENT is to be filed [for record] (or reco	rded) in the 14 This FINANCING STATE	=MFNT·			
REAL ESTATE RECORDS (if applicable)		cut covers as-extracted	d collatoral <b>X</b> is filed as	a fivtura filina	
15. Name and address of a RECORD OWNER of real estate described			a collateral M is filed as	s a fixture filling	
(if Debtor does not have a record interest):	in item 10 10. Description of real estate	J.			
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		ING DESCRIBE		•	
		SHELBY COUN	IIY, ALABAM	Α,	
	TO-WIT:				
	LOT 50, ACCC	ORDING TO TH	E AMENDED	PLAT	
	•	MS SUBDIVISIO			
		MAP BOOK 45, PAGE 5, IN THE PROBATE OFFICE			
		OF SHELBY COUNTY, ALABAMA.			
	See Exhibit for Real	•	~\IVI/~\.		
	I age Eximple for Mes	L3(a(C ]			
17. MISCELLANEOUS: 94839729-AL-117 58119 - Concord Servicing -	Connexus Credit Union	File with: Shelby, AL CON	NEXUS 633470		

Debtor: WESSON, RACHEL

Exhibit for Real Estate

16. Description of real estate: Continued

APN: 237260014050000





Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/31/2023 08:06:16 AM
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