v. 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				
SEND ACKNOWLEDGMENT TO: (Name and Address	S) E1960 Concord Conviolna			
	51000 - Concord Servicing			
Lien Solutions P.O. Box 29071	95281245			
Glendale, CA 91209-9071	ALAL			
	FIXTURE 1			
File with: Shelby, AL		THE ABOVE SPACE IS I	OR FILING OFFICE LI	SE ONI Y
EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or	1b) (use exact, full name; do not omit, m			
ame will not fit in line 1b, leave all of item 1 blank, check here	<u> </u>			
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME RENSON	FIRST PERSONAL N	AME ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
BENSON	DAVID			
BENSON MAILING ADDRESS	DAVID	STATE	POSTAL CODE	COUNTRY
BENSON MAILING ADDRESS 190 HIGHWAY 331	DAVID CITY CHELSEA	STATE	POSTAL CODE 35043	COUNTRY
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, m	STATE AL odify, or abbreviate any part of the Debt	POSTAL CODE 35043 or's name); if any part of the	COUNTRY USA Individual Deb
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, m	STATE AL odify, or abbreviate any part of the Debt	POSTAL CODE 35043 or's name); if any part of the	COUNTRY USA Individual Deb
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, m	STATE AL odify, or abbreviate any part of the Debt	POSTAL CODE 35043 or's name); if any part of the	COUNTRY USA Individual Deb
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, m	AL odify, or abbreviate any part of the Debt	POSTAL CODE 35043 or's name); if any part of the	COUNTRY USA Individual Deb
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in the Individual Debt	AL odify, or abbreviate any part of the Debt nformation in item 10 of the Financing S AME ADDITIO	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Deb UCC1Ad) SUFFIX
BENSON MAILING ADDRESS 90 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	CITY CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in the content of the Individual Debtor in the Individ	AL odify, or abbreviate any part of the Debt	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Deb UCC1Ad)
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in CITY CITY CHELSEA C	AL odify, or abbreviate any part of the Debt information in item 10 of the Financing S AME ADDITIO	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Deb UCC1Ad) SUFFIX
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in CITY CITY CHELSEA C	AL odify, or abbreviate any part of the Debt information in item 10 of the Financing S AME ADDITIO	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Deb UCC1Ad) SUFFIX
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Connexus Credit Union	CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in CITY CITY CHELSEA C	AL odify, or abbreviate any part of the Debt information in item 10 of the Financing S AME ADDITIO	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Deb UCC1Ad) SUFFIX
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME	CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in CITY CITY CHELSEA C	STATE AL Odify, or abbreviate any part of the Debt information in item 10 of the Financing State AME ADDITION STATE e only one Secured Party name (3a or	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Deb UCC1Ad) SUFFIX
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME Connexus Credit Union	CITY CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in CITY FIRST PERSONAL N CITY FIRST PERSONAL N FIRST PERSONAL N	STATE AL Odify, or abbreviate any part of the Debt information in item 10 of the Financing State AME ADDITION STATE e only one Secured Party name (3a or	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE 3b) ONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Deb UCC1Ad) SUFFIX COUNTRY
BENSON MAILING ADDRESS 190 HIGHWAY 331 DEBTOR'S NAME: Provide only one Debtor name (2a or ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Connexus Credit Union 3b. INDIVIDUAL'S SURNAME	DAVID CITY CHELSEA 2b) (use exact, full name; do not omit, me and provide the Individual Debtor in the Individual Debt	STATE AL odify, or abbreviate any part of the Debt information in item 10 of the Financing S AME ADDITION STATE e only one Secured Party name (3a or ADDITION A	POSTAL CODE 35043 or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE 3b) ONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Deb UCC1Ad) SUFFIX SUFFIX

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$77,250.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$115.95

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 Representation.	
	<u>ative</u>
6a. Check only if applicable and check only one box:	
□ Public-Finance Transaction □ Manufactured-Home Transaction □ A Debtor is a Transmitting Utility □ Agricultural Lien □ Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	
95281245 Connexus 674641	

UCC FINANCING STATEMENT ADDENDUM

	OF FIRST DEBTOR: Same as line 1a or 1b on Financing se Individual Debtor name did not fit, check here	Statement; if line 1b was left blank			
	ORGANIZATION'S NAME				
	INDIVIDUAL'S SURNAME ENSON				
	FIRST PERSONAL NAME AVID				
,	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE AROVE SDAC	E IS FOR FILING OFF	ICE LISE ONI
	TOR'S NAME: Provide (10a or 10b) only one additional [
_	t omit, modify, or abbreviate any part of the Debtor's name) a ORGANIZATION'S NAME	ind enter the mailing address in line 100			
R 10b.	INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
0c. MAII	ING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SECURED PARTY'S NAME <u>or</u>	ASSIGNOR SECURED PARTY'S N.	AME: Provide only <u>one</u> nam	ne (11a or 11b)	
11a.	ORGANIZATION'S NAME				
R 11b.	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAI	ING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	TIONAL SPACE FOR ITEM 4 (Collateral):				
	TIONAL SPACE FOR ITEM 4 (Collateral):				
	TIONAL SPACE FOR ITEM 4 (Collateral):				
	TIONAL SPACE FOR ITEM 4 (Collateral):				
2. ADDI	TIONAL SPACE FOR ITEM 4 (Collateral): nis FINANCING STATEMENT is to be filed [for record] (or record)	recorded) in the 14. This FINANCING STATE	MENT:		
. ADDI		covers timber to be c	ut Covers as-extracted	collateral X is filed as	a fixture filing
2. ADDI 3. X TI R	nis FINANCING STATEMENT is to be filed [for record] (or r EAL ESTATE RECORDS (if applicable)	bed in item 16 16. Description of real estate	ut Covers as-extracted		a fixture filing
2. ADDI 3. X TI R	his FINANCING STATEMENT is to be filed [for record] (or real estate described and address of a RECORD OWNER of real estate described.	bed in item 16 Parcel Identifie Description: LC	covers as-extracted to the covers as-extracted t	4.004 Legal NG TO THE S	URVEY
2. ADDI R 5. Name	nis FINANCING STATEMENT is to be filed [for record] (or real estate RECORDS (if applicable) e and address of a RECORD OWNER of real estate describitor does not have a record interest): Filed and Recorded Official Public Records	Description of real estate Parcel Identifie Description: LC OF MNT ERA E	covers as-extracted to the covers as-extracted t	4.004 Legal NG TO THE S	URVEY
2. ADDI R 3. X TI R 5. Name (if De	nis FINANCING STATEMENT is to be filed [for record] (or real ESTATE RECORDS (if applicable) e and address of a RECORD OWNER of real estate describitor does not have a record interest): Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, Couclerk Shelby County, AL	Description of real estate Parcel Identifie Description: LC OF MNT ERA E BOOK 50, PAC JUDGE OF PR	covers as-extracted 1 14726000000 T 2, ACCORDI ESTATES, AS F SE 65, IN THE C	4.004 Legal NG TO THE S RECORDED IN	URVEY IMAP
2. ADDI R 5. Name	nis FINANCING STATEMENT is to be filed [for record] (or real ESTATE RECORDS (if applicable) e and address of a RECORD OWNER of real estate describitor does not have a record interest): Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, Counclerk Shelby County, AL 09/27/2023 03:43:59 PM \$154 95 RRITTANI	Description of real estate Parcel Identifie Description: LC OF MNT ERA E BOOK 50, PAGE	covers as-extracted 1 14726000000 T 2, ACCORDI ESTATES, AS F SE 65, IN THE C	4.004 Legal NG TO THE S RECORDED IN	URVEY IMAP