20230929000291120 09/29/2023 08:06:19 AM UCC1 1/3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	46322 - SunTrust Bank
Lien Solutions P.O. Box 29071	95305282
Glendale, CA 91209-9071	ALAL
	FIXTURE
File with: Shelby, AL	
 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1 name will not fit in line 1b, leave all of item 1 blank, check here 	b) (use exact, full name; do not omit, and provide the Individual Debto
1a. ORGANIZATION'S NAME	

	FIXIURE				
File with: Shelby, AL		THE ABOV	E SPACE IS FO	OR FILING OFFICE U	SE ONLY
I. DEBTOR'S NAME : Provide only <u>one</u> Debtor name (1a or 1b) (name will not fit in line 1b, leave all of item 1 blank, check here	• •	-			
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME BEAVERS	FIRST PERSONAL N	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1705 County Road 49	Columbiana		AL	35051	USA
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC	SIGNOR SECURED PARTY): Provid	de only <u>one</u> Secured P	arty name (3a or 3b	o)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
555 SOUTH FEDERAL HWY SUITE 200	BOCA RATO	N	FL	33432	USA
4. COLLATERAL: This financing statement covers the following colla	ateral:				

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$10,771.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$16.20

5. Check only if applicable and check or	nly one box: Collateral is held in a T	rust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a Dec	cedent's Personal Representativ	/e
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	e and check <u>only</u> one box:	
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if ap	plicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA	TA: 3415509					

	WINSTRUCTIONS	,				
	E OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li use Individual Debtor name did not fit, check here ☐☐	ne 1b was left blank				
_	ORGANIZATION'S NAME					
₹ <u>9</u> b	. INDIVIDUAL'S SURNAME					
LB	BEAVERS					
9	FIRST PERSONAL NAME HERRY					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
L			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ON
DE	BTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name o	r Debtor name that did not fit in I	ine 1b or 2b of the Fina	ancing St	tatement (Form UCC1) (us	e exact, full naı
_	ot omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address in line 10c				
10:	a. ORGANIZATION'S NAME					
7 10	b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)					
Эс. МА	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
c. MA		CITY		STATE	POSTAL CODE	
	ILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY'S N				
	ILING ADDRESS					
11:	ILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF ASSIGN		IAME: Provide only o	<u>one</u> name		
11:	ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSIGN a. ORGANIZATION'S NAME	OR SECURED PARTY'S N	IAME: Provide only o	<u>one</u> name	e (11a or 11b)	COUNTRY
11:	ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSIGN a. ORGANIZATION'S NAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b)	COUNTRY
11:	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
. 111 111	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
11: 11:	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
11: 11:	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
. 111 111	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
. 11:	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
. 11:	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	OR SECURED PARTY'S N	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
. 111	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME DITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME CITY	IAME: Provide only o	one name	e (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
11: 11: ADE	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE	IAME: Provide only o	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
and the state of t	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) the and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE Covers timber to be constant to the con	IAME: Provide only only on the contract of the covers as-expected by t	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
11: 11: 11: 10: MA	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE covers timber to be of 16. Description of real estates	EMENT: cut covers as-exect	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
11: ADD	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) the and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE Covers timber to be constant to the con	EMENT: cut covers as-exect	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
11: ADD	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) the and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE Covers timber to be of 16. Description of real estate PARCEL: 1693	EMENT: cut covers as-exect	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
. 11: 1c. MA . ADE	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) the and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY 14. This FINANCING STATE covers timber to be of the content of the	IAME: Provide only covers as-exests: 3100000150	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
11: 1c. MA	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) the and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY e 14. This FINANCING STATE Covers timber to be of 16. Description of real estate PARCEL: 1693	IAME: Provide only only only only only only only only	ADDITION STATE	e (11a or 11b) NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX

17. MISCELLANEOUS: 95305282-AL-117 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC

File with: Shelby, AL

3415509

LEGAL DESCRIPTION: COM SW COR NW1/4 SE1/4 [See Exhibit for Real Estate]

Debtor: BEAVERS, SHERRY, L

Exhibit for Real Estate

16. Description of real estate: Continued

E392.62 NLY 181.13 TO POB NE6.12 ALG N ROW CO RD #49 NLY 472.6 W245.83 SLY 492.16 TO N ROW CO RD #49 NE 129.14 ALG ROW TO POB S31 T20S R1E 1.86 AC(D) DB318 PG717 3/24/79 DB146 PG408-409 5/21/87



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
09/29/2023 08:06:19 AM
\$57.20 BRITTANI
20230929000291120

alli 5. Beyl