20240122000015480 01/22/2024 08:14:34 AM UCC1 1/3

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3	282 Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 463	322 - SunTrust Bank			
Lien Solutions P.O. Box 29071	96988162			
Glendale, CA 91209-9071	ALAL FIXTURE i			
File with: Shelby, AL		E ABOVE SPACE IS FO	OR FILING OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us				
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in	item 10 of the Financing Sta	atement Addendum (Form I	JCC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
DUKES	JACOB			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
225 CAMDEN PARK AVE	CALERA	AL	35040-6133	USA
2. DEBTOR'S NAME : Provide only <u>one</u> Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here	se exact, full name; do not omit, modify, or abbreand provide the Individual Debtor information in		• • • • • • • • • • • • • • • • • • • •	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Provide only <u>one</u> S	ecured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
555 S FEDERAL HWY, STE 200	Boca Raton	 FL	33432-6033	USA
4 COLLATERAL: This financing statement covers the following collate			1 00 102 0000	

4. COLLATERAL: This financing statement covers the following collateral: GUTTERS

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$14,773.15 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$22.20

5. Check only if applicable and check on	<u>ly</u> one box: Collateral is	ust (see UCC1Ad, item 17 and	d Instructions)	being administered by a Dece	edent's Personal Representativ	е
6a. Check only if applicable and check on	only one box:			6b. Check only if applicable	and check <u>only</u> one box:	
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transm	nitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if app	olicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DAT						
96988162	3929064					

UCC FINANCING STATEMENT ADDENDUM

FOLL	OW/INSTRI		

- CLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	g 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					
DUKES					
FIRST PERSONAL NAME					
JACOB					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional	l Debtor name or Debtor name that did not fit in li	ine 1b or 2b of the Financing S	tatement (Form UCC1) (us	se 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 TABLIA IS CLIDATANE					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
THE THE CONTROL OF TH					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME <u>or</u>	ASSIGNOR SECURED PARTY'S N	AME: Provide only <u>one</u> nam	e (11a or 11b)		
11a. ORGANIZATION'S NAME					
OR 445 INDIVIDUALIO OLIDNIANE	_				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
445 MAILING ADDDECC	CITY	CTATE	DOCTAL CODE	COLINITOV	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. This FINANCING STATEMENT is to be filed [for record] (or					
REAL ESTATE RECORDS (if applicable)		cut covers as-extracted	collateral X is filed as	a fixture filing	
15. Name and address of a RECORD OWNER of real estate desc (if Debtor does not have a record interest):	ribed in item 16 16. Description of real estate).			
Jacob Cameron Dukes and Jordan	C.			л Т Г	
Shassberger		THE FOLLOWING DESCRIBED REAL ESTATE,			
225 CAMDEN PARK AVE		SITUATED IN SHELBY COUNTY, ALABAMA, TO			
CALERA, AL 35040	*	CCORDING TO			
OALLINA, AL JUUTU		CAMDEN PARK, PHASE ONE, AS RECORDED IN			
		8, PAGE 65 A AN			
	PROBATE OF	FICE OF SHELE	Y COUNTY,		
	ALABAMA.				
	[See Exhibit for Rea	I Estate]			
17. MISCELLANEOUS: 96988162-AL-117 46322 - SunTrust Bank	SERVICE FINANCE COMPANY	File with: Shelby, AL 392906	4		

Debtor: DUKES, JACOB

Exhibit for Real Estate

16. Description of real estate: Continued

Property Address: 225 CAMDEN PARK AVE CALERA

AL 35040

Parcel ID: 28-4-20-0-000-002-007

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/22/2024 08:14:34 AM
\$63.20 PAYGE
20240122000015480





