

20240221000044660 02/21/2024 08:19:27 AM UCC1 1/3

BUFF  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  SERVICE FINANCE COMPANY  SERVICE FINANCE COMPANY  SIDIPLICATION SIZE  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFI  SERVICE FINANCE COMPANY  SIDIPLICATION SIZE  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFI  SERVICE FINANCE COMPANY  SIZE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  CITY  CITY  STATE  POSTAL CODE  COUNTY  CITY  CITY	Name: Wolters Kluwer Lien Solutions Phone: 80	al) 00-331-3282 Fax: 818-662-4141			
P.O. Box 29071 Glendale, CA 91209-9071  ALAL FIXTURE  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbrevate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC14d)  To ORGANIZATION'S NAME  To INDIVIDUAL'S SURNAME  RIRST PERSONAL NAME  RANDALL  MALING ADDRESS  GITY  STATE  POSTAL CODE  COU 35 HIGHWAY 35  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbrevate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC14d)  To INDIVIDUAL'S SURNAME  RANDALL  MALING ADDRESS  GITY  STATE  POSTAL CODE  COU 35 HIGHWAY 35  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbrevate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC14d)  To ORGANIZATION'S NAME  The POSTAL CODE  To Destate Dear State Postal Co	` •				
P.O. Box 29071 Glendale, CA 91209-9071  ALAL FIXTURE  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OF THE INdividual DEBOT INTO THE POSTAL CODE  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILING	. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess) 46322 - SunTrust Bank			
File with: Shelby, AL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual ame 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 Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  BUFF  RANDALL  AL ADDITIONAL NAME(SyINITIAL(S) SUFFIANDAL NAME (SUBMITIAL)  BUFF  STATE POSTAL CODE COUNTY STATE POSTAL CODE C		97495104			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual 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 Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  1b. INDIVIDUAL'S SURNAME  1c. INDIVIDUAL'S SURNAME  BUFF  MAILING ADDRESS  1c. CITY  1c. STATE  1c. POSTAL CODE  1c. COUI  35 HIGHWAY 35  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual aname will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  CITY  STATE  POSTAL CODE  COUI  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a ORGANIZATION'S NAME  SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUI  SECURED PARTY'S NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUI  SECURED PARTY'S NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUI  SECURED PARTY'S NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  MAILING ADDRESS  SITE POSTAL CODE  COUI  SECURED PARTY'S NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  BOSTAL CODE  COUI  SECURED PARTY'S NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFF  BOSTAL CODE  COUI  SECURED PARTY'S NAME ADDITIONAL NAME(S)/INITIAL(S)  SUFF  BOSTAL CODE  COUI  SECURED PARTY'S NAME ADDITIONAL NAME(S)/INITIAL(S)  SUFF  COUIT ADDITIONAL NAME(S)/INITIAL(S)  SUFF  COUIT ADDITIONAL NAME(S)/INITIAL(S)  SUFF  COUIT ADDITIONAL NAM	Glendale, CA 91209-9071				
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Ta. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  BUFF  RANDALL  STATE  POSTAL CODE  COUL  AL  35124-6143  US  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual ame will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFF  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFF  SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFF  SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFF  MAILING ADDRESS  GITY  STATE  POSTAL CODE  COUL  STATE  POSTAL CODE					
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BUFF RANDALL  MAILING ADDRESS  35 HIGHWAY 35  PELHAM  ADDITIONAL NAME(S)INITIAL(S)  STATE POSTAL CODE  COULDATERAL. TARME ADDITIONAL NAME(S)INITIAL(S)  SUFF  RANDALL  ADDITIONAL NAME(S)INITIAL(S)  SUFF  RANDALL  ADDITIONAL NAME(S)INITIAL(S)  SUFF  COULDATERAL. TARME POSTAL CODE  COULDATERAL. TARME (S) INDIVIDUAL NAME(S) INITIAL(S)  SUFF  RANDALL  ADDITIONAL NAME(S) INDIVIDUAL NAME(S) INITIAL(S)  SUFF  RANDALL  CITY  STATE POSTAL CODE  COULDATERAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  SUFF  SERVICE FINANCE COMPANY  SOURCE FINANCE COMPANY  SOURCE FINANCE COMPANY  SOURCE FINANCE COMPANY  STATE POSTAL CODE  COULDATERAL This financing statement covers the following collateral:	1a. ORGANIZATION'S NAME				
PELHAM  AL 35124-6143 US DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S))  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b)  SECURED FINANCE COMPANY  3a. ORGANIZATION'S NAME  SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S))  SUFFICIAL CODE  COULD SECURED PARTY SIAME  ADDITIONAL NAME(S/INITIAL(S))  SUFFICIAL CODE  COULD SECURED FINANCE COMPANY  B. D. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S))  SUFFICIAL CODE  COULD STATE  POSTAL CODE  COULD STATE  COULD STATE  POSTAL CODE  COULD STATE  COULD STATE  COULD STATE  COULD STATE  POSTAL CODE  COULD STATE  COULD STAT	1b. INDIVIDUAL'S SURNAME		AME ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
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3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY  3b. INDIVIDUAL'S SURNAME  Individual Surname  CITY  STATE POSTAL CODE  COU STATE POSTAL CODE  COU STATE POSTAL CODE  COU STATE POSTAL CODE  COU COLLATERAL: This financing statement covers the following collateral:	SECURED PARTY'S NAME (or NAME of ASSIGNE)	F of ASSIGNOR SECURED PARTY): Provid	e only one. Secured Party name (3a or	3h)	
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S55 S FEDERAL HWY, STE 200  COLLATERAL: This financing statement covers the following collateral:  Boca Raton  FL 33432-6033  US		FIRST PERSONAL N	AME	ADDITIONAL NAME(S)/INITIAL(S)	
COLLATERAL: This financing statement covers the following collateral:			07475	POSTAL CODE	COUNTRY
	3b. INDIVIDUAL'S SURNAME	CITY	SIAIE		USA
TH TUB AND SHOWER SYSTEMS	3b. INDIVIDUAL'S SURNAME . MAILING ADDRESS		l Fi	33432-6033	0 0, (
	3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  55 S FEDERAL HWY, STE 200  COLLATERAL: This financing statement covers the follow	Boca Raton	l Fi	33432-6033	
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	3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  55 S FEDERAL HWY, STE 200  COLLATERAL: This financing statement covers the follow	Boca Raton	l Fi	33432-6033	

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$8,292.06 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$12.45

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 Represer	ntativ
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 A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable):	yer Bailee/Bailor Licensee/Licenso	or
8. OPTIONAL FILER REFERENCE DATA:		
97495104 4412604		

. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent; if line 1b was left bla	ank				
because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME						
R 9b. INDIVIDUAL'S SURNAME						
BUFF						
FIRST PERSONAL NAME						
RANDALL ADDITIONAL NAME(S)(INITIAL(S)		SUFFIX				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE AROVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
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do not omit, modify, or abbreviate any part of the Debtor's name) and ente				_		
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10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED	DADTVIC N	AM⊏: Drovido only	ono nom	2 /112 or 11b)	
11a. ORGANIZATION'S NAME	SIGNOR SECORED	PARTISN	AIVIE. Provide only	<u>one</u> nam	e (Tra or Trb)	
A 4 L. INIDIN (IDI IA I IO OLIDNIA NAT						_
` 11b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
B. X This FINANCING STATEMENT is to be filed [for record] (or recorded	d) in the 14. This FINAI	NCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	covers	timber to be o	ut Covers as-e	extracted	collateral X is filed as	a fixture filing
. Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest):	tem 16 16. Description	n of real estate	•			
andall B. Buff and Mary Jo P. Buff,	   THF F(	THE FOLLOWING DESCRIBED REAL ESTATE,				
usband and wife		SITUATED IN THE COUNTY OF SHELBY, AND				
35 Highway 35						
elham, AL 35124			•			
		NORTHEAST CORNER OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST				
					OWNSHIP 20	
	I QUAIN		0-011011	<b>–</b> 1, 1	O 1 1 1 1 1 2 0	

[ See Exhibit for Real Estate ]

File with: Shelby, AL

SERVICE FINANCE COMPANY

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

4412604

17. MISCELLANEOUS: 97495104-AL-117 46322 - SunTrust Bank

**Debtor:** BUFF, RANDALL

Exhibit for Real Estate

## Continued 16. Description of real estate:

BOUNDARY LINE OF THE SAID SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, SECTION 24, TOWNSHIP 20 SOUTH, RANGE 3 WEST, FOR 363.99 FEET TO THE POINT OF BEGINNING OF THE LAND HEREIN DESCRIBED AND CONVEYED: THENCE CONTINUE WEST ALONG THE NORTH BOUNDARY LINE OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, SECTION 24, TOWNSHIP 20 SOUTH, RANGE 3 WEST FOR 242.02 FEET, MORE OR LESS, TO A POINT ON THE EAST RIGHT OF WAY LINE OF THE FUNGO PUBLIC ROAD: THENCE TURN AN ANGLE OF 55 DEGREES 05 1/2 MINUTES TO THE LEFT AND RUN SOUTHWESTERLY ALONG THE EAST RIGHT OF WAY LINE OF THE FUNGO ROAD FOR 150.00 FEET; THENCE TURN AN ANGLE OF 90 DEGREES 00 MINUTES TO THE LEFT AND RUN SOUTHEASTERLY 198.60 FEET; THENCE TURN AN ANGLE OF 90 DEGREES 00 MINUTES TO THE LEFT AND RUN NORTHEASTERLY 288.63 FEET, MORE OR LESS, TO THE POINT OF BEGINNING. THIS BEING A PART OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 24, TOWNSHIP 20 SOUTH, RANGE 3 WEST, SHELBY COUNTY. ALABAMA.

Property Address: 535 Highway 35 Pelham AL 35124

Parcel ID: 13-6-24-1-001-006-000



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk **Shelby County, AL** 02/21/2024 08:19:27 AM **\$53.45 PAYGE** 20240221000044660

