20240422000115650 04/22/2024 12:42:41 PM UCC1 1/4

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)  SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2813 28938				
CSC				
801 Adlai Stevenson Drive Springfield, IL 62703	n: Alabama			
	(Shelby)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI	ON THE AB	OVE SPACE IS FO	R FILING OFFICE USE O	NLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name not fit in line 1b, leave all of item 1 blank, check here	ne; do not omit, modify, or abbreviate any p ne Individual Debtor information in item 10 of			Debtor's name will
1a. ORGANIZATION'S NAME				
OR				SUFFIX
16. INDIVIDUAL'S SURNAME PETERSON	FIRST PERSONAL NAME  DIANA	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 1679 WESTOVER RD	CITY	STATE	TPOSTAL CODE	COUNTRY
	STERRETT	AL	35147	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name)	ne; do not omit, modify, or abbreviate any p	art of the Debtor's na	ne); if any part of the Individual D	ebtor's name will
not fit in line 2b, leave all of item 2 blank, check here	ne Individual Debtor information in item 10 of	the Financing Stateme	nt Addendum (Form UCC1Ad)	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
			· ·· · · · · · · · · · · · · · · · · ·	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	·	ty name (3a or 3b)		
3a. ORGANIZATION'S NAME FIFTH THIRD BANK, NATIONA	L ASSOCIATION			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 38 FOUNTAIN SQUARE PLAZA	CINCINNATI	STATE	POSTAL CODE 45263	COUNTRY
1MOBA5				
4. COLLATERAL: This financing statement covers the following collateral: ALL OF THE DEBTORS RIGHT TITLE AND INTERE FIXTURES (CONSUMER GOODS) LOCATED AT OF FINANCED BY AND SUBJECT TO FIFTH THIRD BA ADDITION THE SECURITY INTEREST INCLUDES A RESPECT TO THE REFERENCED COLLATERAL A	R INSTALLED ON 1679 V NK, N.A.s PURCHASE M ALL WARRANTIES AND I ND ANY OTHER ECONO	VESTOVER F IONEY SECU NSURANCE MIC BENEFI	RD STERRETT AL RITY INTEREST. PROCEEDS ISSU	35147 IN ED WITH THE
COLLATERAL THAT DEBTOR MAY RECEIVE OR B	E ENTITLED TO AS A RI	ESULT OF TH	HE CONSUMER G	OODS.
INDEBTEDNESS: \$7,000.00				
5. Check only if applicable and check only one box: Collateral is held in a Trust (s	nos LICC1Ad itam 17 and Instructions	D boing administs	rad by a Dagadant's Paragnal D	oprocentativo
5. Check only if applicable and check only one box: Collateral is held in a Trust (some second only if applicable and check only one box:	see UCC1Ad, item 17 and Instructions)	_=	red by a Decedent's Personal R f applicable and check <u>only</u> one	•
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC F	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/	Buyer Ba	ilee/Bailor Licens	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				2813 28938

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9a. ORGANIZATION 5 NAIVIE				
R				
9b. INDIVIDUAL'S SURNAME PETERSON				
FIRST PERSONAL NAME				
DIANA  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
	TH	E ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n		of the Financing Staten	nent (Form UCC1) (use exac	ct, full name;
10a. ORGANIZATION'S NAME				
R 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 ASSIG	I SNOR SECURED PARTY'S NAME:	Provide only <u>one</u> nan	ne (11a or 11b)	
11a. ORGANIZATION'S NAME		<u>-</u>		
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
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3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:			
		covers as-extracted o	ollateral 🗾 is filed as	a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  DIANA PETERSON	covers timber to be cut  16. Description of real estate:  THE FOLLOWING DESCRIPTION OF THE POLICY OF	CRIBED REA	L ESTATE, SITU	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  DIANA PETERSON  1679 WESTOVER RD	covers timber to be cut  16. Description of real estate:	CRIBED REA	L ESTATE, SITU	
B.	Covers timber to be cut  16. Description of real estate:  THE FOLLOWING DESCRIPTION COUNTY, ALA  A PART OF THE NE	CRIBED REA BAMA, TO-W	L ESTATE, SITU	JATED IN
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  DIANA PETERSON  1679 WESTOVER RD	16. Description of real estate: THE FOLLOWING DESCRIPTION SHELBY COUNTY, ALA	CRIBED REA BAMA, TO-W SHIP 19 SOU	L ESTATE, SITU /IT: A PART OF THE TH, RANGE 1 E	SE OF NV AST, MORE
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  DIANA PETERSON  1679 WESTOVER RD	16. Description of real estate: THE FOLLOWING DESCRIPTION OF THE NE OF THE N	CRIBED REAL BAMA, TO-WASHIP 19 SOURIBED AS FO	L ESTATE, SITU IT: A PART OF THE TH, RANGE 1 E OLLOWS: COMM RY OF SAID NE	SE OF NV AST, MORE ENCING AT OF SW 1/4
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  DIANA PETERSON  1679 WESTOVER RD	a PART OF THE NE O  1, SECTION 24 TOWNS PARTICULARLY DESCRIPTION	CRIBED REAL BAMA, TO-WASHIP 19 SOURIBED AS FOR SECTION 19 SOURIBED AS FOR S	L ESTATE, SITUATE: A PART OF THE TH, RANGE 1 EACH OF SAID NEAST OF THE SW	SE OF NV AST, MORE ENCING AT OF SW 1/4 CORNER

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9b. INDIVIDUAL'S SURNAME					
PETERSON					
FIRST PERSONAL NAME  DIANA					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
		THE	ABOVE SPACE	IS FOR FILING OFFICE U	USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en			the Financing Staten	nent (Form UCC1) (use exact,	full name;
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INTERNATION ADDITION AND ALABAT (O) (INTERNATION)					loueen/
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNT
	ASSIGN	OR SECURED PARTY'S NAME: F	Provide only <u>one</u> nam	ne (11a or 11b)	
11a. ORGANIZATION'S NAME					
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11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS		FIRST PERSONAL NAME  CITY	ADDITIO	POSTAL CODE	
					COUNT
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MAILING ADDRESS	d) in the	CITY  14. This FINANCING STATEMENT:	STATE	POSTAL CODE	COUNT
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# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME PETERSON			Officia Judge Clerk Shelby	nd Recorded l Public Records of Probate, Shelby County Alaba County, AL 2024 12:42:41 PM	ma, County
FIRST PERSONAL NAME		- LABANE	\$53.50	PAYGE 22000115650	_
DIANA	_				alli.
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOV	/E SDACE	IS FOR FILING OFFICE	ISE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name					
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 10a. ORGANIZATION'S NAME	mailing address in line 10c				
TOA. ORGANIZATION 3 NAIVIE					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL 3 ADDITIONAL NAIVIE(3)/INTTIAL(3)					JOFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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