



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|  |  |                                  |   |             |         |
|--|--|----------------------------------|---|-------------|---------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>CSC 1-800-858-5294   |  |                                  |   |             |         |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>SPRFiling@cscglobal.com   |  |                                  |   |             |         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2932 94581<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama<br/>(Shelby)</div>   |  |                                  |   |             |         |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION  |  |                                  | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   |             |         |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20240206000029110 02/06/2024  |  |                                  | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13. |             |         |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement  |  |                                  |   |             |         |
| 3. <input type="checkbox"/> ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8   |  |                                  |   |             |         |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  |  |                                  |   |             |         |
| 5. PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |                                  |   |             |         |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)   |  |                                  |   |             |         |
| OR   | 6a. ORGANIZATION'S NAME  |                                  |   |             |         |
|  | 6b. INDIVIDUAL'S SURNAME<br>Howell   | FIRST PERSONAL NAME<br>Stephanie | ADDITIONAL NAME(S)/INITIAL(S)<br>W  | SUFFIX      |         |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)  |  |                                  |   |             |         |
| OR   | 7a. ORGANIZATION'S NAME  |                                  |   |             |         |
|  | 7b. INDIVIDUAL'S SURNAME   |                                  |   |             |         |
|  | INDIVIDUAL'S FIRST PERSONAL NAME   |                                  |   |             |         |
|  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |                                  |   | SUFFIX      |         |
| 7c. MAILING ADDRESS  |  | CITY                             | STATE   | POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral<br>Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8  |  |                                  |   |             |         |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor  |  |                                  |   |             |         |
| OR   | 9a. ORGANIZATION'S NAME<br>Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC |                                  |   |             |         |
|  | 9b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME              | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX      |         |
| 10. OPTIONAL FILER REFERENCE DATA:<br>2932 94581   |  |                                  |   |             |         |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM  
FOLLOW INSTRUCTIONS

|  |   |
|--|---|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20240206000029110 02/06/2024 |   |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                 |   |
| OR   | 12a. ORGANIZATION'S NAME<br>Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC |
|  | 12b. INDIVIDUAL'S SURNAME   |
|  | FIRST PERSONAL NAME   |
|  | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |                                     |                                  |                                    |
|--|-------------------------------------|----------------------------------|------------------------------------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit |                                     |                                  |                                    |
| OR   | 13a. ORGANIZATION'S NAME            |                                  |                                    |
|  | 13b. INDIVIDUAL'S SURNAME<br>Howell | FIRST PERSONAL NAME<br>Stephanie | ADDITIONAL NAME(S)/INITIAL(S)<br>W |
| SUFFIX   |                                     |                                  |                                    |

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☒ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

Secured Party: Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC, 1523 Concord Pike, Suite 201, Wilmington, DE 19803, United States of America

Debtor: Stephanie W Howell & Matthew Howell  
207 Yerby Rd  
Chelsea, AL 35043  
Shelby County



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
09/24/2024 09:55:45 AM  
\$.00 PAYGE  
20240924000296660

*Allen S. Bayl*

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|---|---|
| 15. This FINANCING STATEMENT AMENDMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing    | 17. Description of real estate:<br>APN: 098330001002005   |
| 16. Name and address of a RECORD OWNER of real estate described in item 17<br>(if Debtor does not have a record interest):<br>Stephanie W Howell & Matthew Howell<br>207 Yerby Rd<br>Chelsea, AL 35043<br>Shelby County | Property Address:<br>207 Yerby Rd<br>Chelsea, AL 35043<br>Shelby County<br><br>SEC/TWNSHP/RAN 33 19S 01W 2012 ANNEX ORD X<br>11 06 07 544 NBRHD: 17 CHELSEA MUN OF NW R-2 |

18. MISCELLANEOUS: