

20241009000317680 1/3 \$42.00 Shelby Cnty Judge of Probate, AL 10/09/2024 01:26:44 PM FILED/CERT

A MARIE S PRONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-868-5294 S MAN CONTACT AT SUBMITTER (optional) SPREIIng@oscg() bold Loom SEND ACKNOWLEDWIRTH TO. (Name and Address) SEND ACKNOWLEDWIRTH TO. (Name and Address) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING		i l				
L NAME & PHONE OF COLVICT AT SUBMITTER (optional) CSC 1:500-565-5294 L SANAL CONTACT AT SUBMITTER (optional) SPRFIIIng@cscg(bolal com SPRFIIIIng@cscg(bolal com SPRFIIIIng@cscg(bolal com SPRFIIIIng@cscg(bolal com SPRFIIIIng@cscg(bolal com SPRFIIIIng@cscg(bolal com SPRFIIIIIng@cscg(bolal com SPRFIIIIIng@cscg(bolal com SPRFIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	JCC FINANCING STATEMENT	<u>{</u>				
CSC 1-800-658-5294 EMAL CONTACT AS ISMITTER (potphonit) SPREITING (SCSQ) closed com Springfield, IL 62703 Filed In: Alebama Springfield, IL 62703 Filed In: A	·	<u> </u>	1			
SEND ACKNOWLEDGMENT TO: (Name and Addinas) 2945 56810 SEND ACKNOWLEDGMENT TO: (Name and Addinas) 2945 56810 SEND ACKNOWLEDGMENT TO: (Name and Addinas) SEDI Addia Stavenson Drive Springfold, IL 62703 Filed In: Alabama (Shallby) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR		 				
ESHS 58610 SSC SST Addia Stavenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY DEPTION'S NAME: Provide any ang Diction some (in or 1b) (see seart, 46 name do not only, or abbrevious any part of the Debra's remain) is upper of the Indical Debra's name (in or 1b) (see seart, 46 name do not only, or abbrevious any part of the Debra's remain) is upper of the Indical Debra's name (in or 1b) (see seart, 46 name do not only, or abbrevious any part of the Debra's remain) is upper of the Indical Debra's name (in or 1b) (see seart, 46 name, do not only, or abbrevious any part of the Debra's name) is upper of the Indical Debra's name (in or 1b) (see seart, 46 name, do not only, or abbrevious any part of the Debra's name). **HALEY **INDICATIONAL'S SURVANAME** HALEY **INDICATIONAL NAME SURVANAME** **INDICATIONAL NAME Provide only pog Debra's name (in or 2b) (see seart, 46 name, do not only, morthy, or abbrevious any part of the Debra's name). **INDICATIONAL NAME of STATE (and in or 1b) (see seart, 46 name, do not only, morthy, or abbrevious any part of the Debra's name). **INDICATIONAL NAME (and in or 1b) (see seart, 46 name, do not only, morthy, or abbrevious any part of the Debra's name). **INDICATIONAL NAME (and in or 1b) (see seart, 46 name, do not only only or in order on the indication of the indicati	• • • •					
SIGN Adial Stavenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEDTOR'S NAME: Provide only good before there (is or 13) use local: "dil range, conditioning your of the Debtor's name," are your of the United Additioning Fore UCChd] IL ORDINIZATION STAME To INNOVIDIAL'S SURVAME TO INNOVIDIAL'S SURVAME TO INNOVIDIAL'S SURVAME THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABO	SEND ACKNOWLEDGMENT TO: (Name and Address)					
801 Adial Stovenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE	-					
SEE SELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY DESTOR'S NAME: Provide only oza Debtor same (1s or 1b) (time oxect, 4th names do not only, modify, or abbreviate any just of the Debtor's same), if any part of the infinited all obstar's same one fit in the Ib, lower all of from 1 blank, check here To CRAMATIZATION'S NAME T						
DEBTOR'S NAME: Provide only gain Debtor texne (it or 1s) (use exact, full name; do not omit, motify, or abstraction are part of the Debtor's name; by any and the full debtor's name on its into 1s, lower all offers it blank, check here and provide the Individual Debtor's formation in term 1:0 of the Financing Statement Addendum Porm UCCIAd) Is. DREAMURATIONS NAME INDIVIDUAL'S SURVAME: Provide only gain Debtor name (Da or 2s) (use exact, full name; do not cruit, motify, or abstractions are past of the Debtor's name; for years of the New York Survay. Individual Debtor's NAME: Provide only gain Debtor name (Da or 2s) (use exact, full name; do not cruit, motify, or abstractions any past of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain Debtor name (Da or 2s) (use exact, full name; do not cruit, motify, or abstractions any past of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain Debtor name (Da or 2s) (use exact, full name; do not cruit, motify, or abstractions any past of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain Debtor name (Da or 2s) (use exact, full name; do not cruit, motify, or abstractions in your of the New York Survay. DEBTOR'S NAME: Provide only gain only gain of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain of the Survay. DEBTOR'S NAME: Provide only gain of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR NAME: Provide only gain only gain of the Debtor's name; if any part of the New York Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR'S NAME: Provide only gain only gain of the Survay. DEBTOR'S NAME: Provide only gain only gain of the Sur	Springfield, IL 62703					
Ta, ORGANIZATION'S NAME Ta, ORGANIZATION'S NA	SEE BELOW FOR SECURED PARTY CONTACT I	,	THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY
FIRST PERSONAL NAME	-					
Indication Ind	1a. ORGANIZATION'S NAME	•				
HELENA	16. INDIVIDUAL'S SURNAME		AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
The control of the Reading Statement Addendum (Form UCC) Add 2a. ORGANIZATION'S NAME 2b. NODVIDUAL'S SURNAME DOBBS C. MAILING ADDRESS 1630 KEENELAND DR C. MAILING ADDRESS 1630 KEENELAND DR S. GRANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gog Secured Party name (3a or 3b) S. GRANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gog Secured Party name (3a or 3b) S. GRANIZATION'S NAME (at a system of the control of the Reading o	E. MAILING ADDRESS 1630 KEENELAND DR					COUNTRY
2. INDIVIDUAL'S SURNAME DOBBS DOBBS DOSEPH CITY HELENA AL S5080 COUNTR HELENA AL SCURED PARTY'S NAME (or NAME or ASSIGNATE OR ASSIGNATION OR ASS	•					
25. INDIVIDUAL'S SURNAME DOBBS JOSEPH DOSTAL CODE COUNTR HELENA AL 35080 USA	2a. ORGANIZATION'S NAME					
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gage Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Lafayette Federal Credit Union 8 3b. INDIVIDUAL'S SURNAME 4 ADDITIONAL NAME(S)/INITIAL(S) SURFIX SURFIX ADDITIONAL NAME(S)/INITIAL(S) SURFIX SURFIX COUNTR ROCKVILLE MID POSTAL CODE 20852 COUNTR COUNTR ROCKVILLE NGROUND POOL, DECKING, RETAINING WALL, AND STEPS LEADING TO POOL AT 1630 KEENELAND DR 145,580.00 Check andy if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decadent's Personal Representation. 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 Decadent's Personal Representation. Gib. Check only if applicable and check only one box: Gib. Check only if applicable and check only one box: ATERNATIVE (ESIGNATION (if applicable)): Lesseef.essor Consignee/Consignor Sigler/Buyer Balled/Ballor Lesseef.essor Consignee/Consignor Sigler/Buyer Balled/Ballor Lesseef.essor Consignee/Consignor Sigler/Buyer Balled/Ballor Lesseef.essor	26. INDIVIDUAL'S SURNAME		AL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
38. ORGANIZATION'S NAME Lafayette Federal Credit Union 39. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 2701 Tower Oaks Bivd COLLATERAL: This financing statement covers the following collateral: OCILATERAL: This financing statement covers the following collateral: OCILAT	. MAILING ADDRESS 1630 KEENELAND DR		-	1		COUNTRY
Sb. INDIVIDUAL'S SURNAME St. INDIVIDUAL'S SURNAME STATE ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			le only <u>one</u> Secured Party nam	e (3a or 3b)		
S. MALING ADDRESS 2701 Tower Oaks Blvd CITY Rockville COLATERAL: This financing statement covers the following collateral: COLATERAL: This financing stat	,p					
Rockville MD 20852 USA COLLATERAL: This financing statement covers the following collateral: NGROUND POOL, DECKING, RETAINING WALL, AND STEPS LEADING TO POOL AT 1630 KEENELAND DR HELENA AL, 35080 ALTERNAL: This financing statement covers the following collateral: NGROUND POOL, DECKING, RETAINING WALL, AND STEPS LEADING TO POOL AT 1630 KEENELAND DR HELENA AL, 35080 Check gnly if applicable and check gnly one box: Collateral is held in a Trust (see UCC1Ad, Item 17 and Instructions) being administered by a Decadent's Personal Representation. Gbb. Check gnly if applicable and check gnly one box: Depublic-Finance Transaction Manufactured-Home Transaction ADebtor is a Transmitting Utility Agricultural Lien Non-UCC Filling ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Ballee/Ballor Licensce/Licensor	11 (3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIC))	SUFFIX
ACTIONAL FUE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Selfer/Buyer Ballee/Bailor Licensee/Licensor	c. MAILING ADDRESS 2701 Tower Oaks Blvd					COUNTRY
ALTERNATIVE DESIGNATION (if applicable): Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor Consignee/Consignor Consignee/Consi	HELENA AL, 35080	WALL, AND STEPS	3 LEADING TO PO	OL AT 1	630 KEENELAN	D DR
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor						
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor		•				
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor						
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor		•				
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor						
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor						
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor Seller/Buyer Ballee/Bailor Licensee/Licensor		<u> </u>				Ī.
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is he	eld in a Trust (see UCC1Ad, item	17 and Instructions)	eing administe	red by a Decedent's Perso	nal Representative
. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor			' I			
OPTIONIAL EILED REEDENCE DATA:						
	. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor . OPTIONAL FILER REFERENCE DATA:	Consignee/Consignee	nor Seller/Buyer	<u> </u>	allee/Ballor Li	2945 566
						ì



20241009000317680 2/3 \$42.00 Shelby Cnty Judge of Probate, AL 10/09/2024 01:26:44 PM FILED/CERT

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME	,							
OL INDUMENTAL DE LA LA LA CARACTE	;							
9b. INDIVIDUAL'S SURNAME HARRIS				•				
FIRST PERSONAL NAME								
HALEY								
ADDITIONAL NAME(S)/INITIAL(S)		IS	SUFFIX	TUE	AROVE SD	ACE IS	S FOR FILING OFFIC	E LISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional D do not omit, modify, or abbreviate any part of the Debtor's name) ar								
10a. ORGANIZATION'S NAME								
10Ь. INDIVIDUAL'S SURNAME	<u> </u>							<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
. MAILING ADDRESS		CITY			ST	ATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNO	R SECURE	D PARTY'S	NAME: P	rovide only <u>or</u>	ne name	(11a or 11b)	
11a. ORGANIZATION'S NAME	<u> </u>						_ `	
}								
11b. INDIVIDUAL'S SURNAME		FIRST PERSO	NAL NAME		AD	DITION	IAL NAME(S)/INITIAL(S)	SUFFIX
		FIRST PERSO	NALNAME				POSTAL CODE	SUFFIX
. MAILING ADDRESS			NALNAME					<u>,</u>
116. INDIVIDUAL'S SURNAME			NALNAME					<u>,</u>
MAILING ADDRESS			NALNAME					<u>,</u>
. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):			NAL NAME					
. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):			NAL NAME					<u>,</u>
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):			NAL NAME					
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record)		CITY	NAL NAME	ENT:			POSTAL CODE	COUNTRY
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	corded) in the	14. This FINAN	NCING STATEM			ATE	POSTAL CODE	
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record) (or record). REAL ESTATE RECORDS (if applicable).	corded) in the	14. This FINAN Covers 16. Description 1630 KE	NCING STATEM s timber to be considered to state: ENELANI	ıt 🔲 🛛	overs as-extra	acted co	POSTAL CODE	country a fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described	corded) in the	14. This FINAN Covers 16. Description 1630 KEI COUNTY	NCING STATEM s timber to be considered to state: ENELANI	DR, H	overs as-extra	acted co	POSTAL CODE	country a fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described	corded) in the	14. This FINAN Covers 16. Description 1630 KEI COUNTY Legal De A PARCE	Scription:	DR, H	overs as-extra	ATE ACTE AL IN T	POSTAL CODE Ilateral Is filed a 35080-4115 (S HE STATE OF	COUNTRY a fixture filing HELBY
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record). REAL ESTATE RECORDS (if applicable).	corded) in the	14. This FINANT Covers 16. Description 1630 KEI COUNTY Legal De A PARCE OF SHEL DR, HEL	Scription: ENELANI Scription: ENELANI Scription: ENELANI Scription: ENELANI Scription:	DR, H	CATED 1	ATE ATE ATE ATE AL ORES ORES	POSTAL CODE Ilateral Signified at 15 (S) HE STATE OF 1630 KE JRRENTLY OVER 15 (S)	COUNTRY AL, COUNT ENELAND VNED BY
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record)	corded) in the	14. This FINANT Covers 16. Description 1630 KEI COUNTY Legal De A PARCE OF SHEL DR, HEL	SCING STATEMS timber to be considered estate: ENELANI Scription: EL OF LA LBY, WIT ENA AL 3 JOSEPH	DR, H	CATED 1	ATE ATE ATE ATE AL ORES ORES	POSTAL CODE Ilateral Signified at 15 (STATE OF 1630 KE	COUNTRY AL, COUNT ENELAND VNED BY

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 20241009000317680 3/3 \$42.00 Shelby Cnty Judge of Probate, AL 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank 10/09/2024 01:26:44 PM FILED/CERT because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME HARRIS FIRST PERSONAL NAME HALEY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut is filed as a fixture filing covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 26 20S 03W NBRHD: 06 DEARING DOWNS R-2 AND DESCRIBED IN DOCUMENT NUMBER 336750 DATED 10/22/2014 AND RECORDED 10/24/2014. |Municipality-Township: HELENA APN: 13-7-26-2-002-007-000

17. MISCELLANEOUS: