20250916000280190 09/16/2025 09:36:10 AM UCC1 1/2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500 uccfiling@elderlifefinancial.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) -ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120 HENDERSONVILLE, TN 37075

B. E-MAIL CONTACT AT FILER (optional) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . DEBTOR'S NAME: Provide only <u>one</u> 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 Debtor's 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME Mary Frances Jones 1c. MAILING ADDRESS POSTAL CODE COUNTRY STATE CITY **USA** Birmingham 35242 AL 3548 Crossings Cir 2. 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 Debtor's and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX Olivia Janice Jones 2c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 3408 Crossings Way 35242 **USA** Birmingham AL 3. 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 ELDERLIFE FINANCIAL LENDING, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. MAILING ADDRESS 100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120 | HENDERSONVILLE TN 37075 **USA** 4. COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to: 3548 Crossings Cir BirminghamAL35242 PARCEL ID: 10-2-03-0-003-082-000 LEGAL DESCRIPTION: A PARCEL OF LAND LOCATED IN THE STATE OF ALABAMA, COUNTY OF SHELBY, WITH A SITUS ADDRESS OF 3548 CROSSINGS CIR, BIRMINGHAM, AL 35242-4451 CURRENTLY OWNED BY JONES MARY F/JONES JANICE O HAVING A TAX ASSESSOR NUMBER OF 10-2-03-0-003-082-000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS SUB: CALDWELL CROSSINGS MB/MP: 29/009 LOT/BLOCK: 82/ AND DESCRIBED IN DOCUMENT NUMBER 37570 DATED 02/06/2025 AND RECORDED 02/06/2025. Original Loan Amount: \$46,100.00 Pursuant to the Memorandum of Agreement dated 09/10/2025, whereby Mary Frances Jones and Janice Olivia Jones (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Elderlife Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property. 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 Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Non-UCC Filing Agricultural Lien 7. ALTERNATIVE DESIGNATION (if applicable): Bailee/Bailor Lessee/Lessor Consignee/Consignor Seller/Buyer Licensee/Licensor

International Association of Commercial Administrators (IACA)

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
Jones FIRST PERSONAL NAME					
Mary ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
Frances OFFICIENT AND AND AND ADDRESS OF THE PROPERTY OF THE		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 10a. ORGANIZATION'S NAME		line 1b or 2b of the Finan	cing S	tatement (Form UCC1) (use	exact, full name;
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CITY	ST	ATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME	OR SECURED PARTY	S NAME: Provide only	<u>one</u> na	me (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STA	ATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	Filed and Recorde Official Public Rec Judge of Probate, S Clerk Shelby County, AL 09/16/2025 09:36:1 \$39.00 JOANN 2025091600028019	Shelby County Ala	aban	na, County Our 5.	Beyl
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16	14. This FINANCING STATES covers timber to be of the control of real estate.	cut covers as-extra	acted c	collateral is filed as a	fixture filing
(if Debtor does not have a record interest):	3548 Crossings Cir BirminghamAL35242 PARCEL ID: 10-2-03-0 LEGAL DESCRIPTIO A PARCEL OF LAND SHELBY, WITH A SIT AL 35242-4451 CURRI HAVING A TAX ASSI THE SAME PROPERT CROSSINGS MB/MP: DOCUMENT NUMBE	0-003-082-000 N: LOCATED IN THE FUS ADDRESS OF 3 ENTLY OWNED BY ESSOR NUMBER OF FY MORE FULLY I 29/009 LOT/BLOCE	3548 (7 JON F 10- DESC X: 82	CROSSINGS CIR, BIR NES MARY F/JONES J 2-03-0-003-082-000 AN CRIBED AS SUB: CAL AND DESCRIBED IN	MINGHAM, IANICE O D BEING DWELL