20250917000285730 09/17/2025 11:54:02 AM UCC1 1/2

## **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)			
SPRFilina@cscalobal.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
3233 50295 CSC			
801 Adlai Stevenson Drive			
Springfield, IL 62703	d In: Alabama		
	(Shelby)		
SEE BELOW FOR SECURED PARTY CONTACT INFORM.	ATION THE ABOV	/E SPACE IS FOR FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here	name; do not omit, modify, or abbreviate any part de the Individual Debtor information in item 10 of the		al Debtor's name will
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Smith	Jonathan	Lucas	
1c. MAILING ADDRESS 257 PARK CREST RUN	CITY	STATE POSTAL CODE	COUNTRY
257 PARK CREST RUN	CHELSEA	AL 35043	USA
2 DEDTOD'S NAME, Desident Debter and Company (See and Company)			
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here	name; do not omit, modify, or appreviate any part de the Individual Debtor information in item 10 of the		al Debtor's name will
2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20 MAILING ADDDESS	CITY	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED O		<u> </u>	
3a. ORGANIZATION'S NAME Cross River Bank and its succ	cessors and assigns c/o Marle	tte Servicing, LLC	
OR AL INDIVIDUALIS CUIDNIANAE	FIDOT DEDOONAL NAME	ADDITIONAL NAME(C)/INITIAL (C)	OUEEIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
O- MAILING ADDDECC	CITY	CTATE IDOCTAL CODE	COLINITON
3c. MAILING ADDRESS 3419 Silverside Road	CITY	STATE POSTAL CODE	COUNTRY
	Wilmington	DE 19810	USA
All fixtures now or hereafter securely and/or permare effects and household goods or appliances that are Fixture Definition: An object physically and permane have the following method of attachment; bolted, so any other part of the home.  Proposed Fixtures include but not limited to: Built-in cabinets and shelving Bathroom vanities Light fixtures  5. Check only if applicable and check only one box: Collateral is held in a True	not considered fixtures under ently attached or fastened to t	applicable law. he property. This includes ite	ems that eilings or
6a. Check only if applicable and check only one box:		6b. Check <u>only</u> if applicable and check <u>only</u> o	ne box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC	C Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buy	/er Bailee/Bailor Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			
			3233 5029



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 09/17/2025 11:54:02 AM **\$49.50 BRITTANI** 

20250917000285730

## alli 5. Bush

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

-01	LOW INSTRUCTIONS						
	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li	ne 1b was left blank					
	9a. ORGANIZATION'S NAME						
OR	9b. INDIVIDUAL'S SURNAME						
	Smith						
	FIRST PERSONAL NAME						
	Jonathan						
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
	Lucas				IS FOR FILING OFFICE		
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor on to do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail		b or 2b of the Financ	ing Staten	nent (Form UCC1) (use exact	, full name;	
	10a. ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	N. IS II SELECT SESSON SELECTION SEL						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
10c	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME  ADDITIONAL NAME(S)/IN			NAL NAME(S)/INITIAL(S)	SUFFIX	
110	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
110.	WALLING ADDITEGO			JOIAIL	TOUTAL CODE	COONTIN	
12	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEME	ENT:				
4.5	REAL ESTATE RECORDS (if applicable)	covers timber to be cur	t covers as-e	extracted c	collateral is filed as a	fixture filing	
	Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: APN: 0893110100	14000				
	nathan Lucas Smith and Rachel Smith 77 PARK CREST RUN	AFIN. 0093110100	14000				
	HELSEA, AL 35043	Property Address: 257 PARK CREST RUN					
	nelby County	CHELSEA, AL 350					
		Shelby County					
		DIST:17 CITY/MUN	╢/エィݖ/D·╲⊔⊏	I QE A	SLIBD-CHELSEV	DADV	
		13TH SEC SEC/TV					
		MAP REF:MP 55 F		<b></b>		, <u>-</u> - <del></del>	
17.	MISCELLANEOUS:						