20251008000310670 10/08/2025 01:34:53 PM UCC1 1/3

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)				
3252 24719 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 File SEE BELOW FOR SECURED PARTY CONTACT INFOR	led In: Alabama (Shelby)	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, f				
	ovide the Individual Debtor information in item 10 of			ii Debtoi 3 Hairie Will
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
LINDSAY	MICHAEL			
1c. MAILING ADDRESS 140 BRIDGE DR	CITY	STATE	POSTAL CODE	COUNTRY
10. WALLING ABBITLESS 140 BRIDGE DR	BIRMINGHAM	AL	35242	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, for not fit in line 2b, leave all of item 2 blank, check here	full name; do not omit, modify, or abbreviate any povide the Individual Debtor information in item 10 of			l Debtor's name will
	ovide the individual Debtor information in item 10 of	the imancing statemen	Tradendam (Form Occiral)	
2a. ORGANIZATION'S NAME				
OR		I		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
LINDSAY	SHANNON	J		
2c. MAILING ADDRESS 140 BRIDGE DR	CITY	STATE	POSTAL CODE	COUNTRY
	BIRMINGHAM	AL	35242	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	ECURED PARTY): Provide only <u>one</u> Secured Pa	rty name (3a or 3b)	'	
3a. ORGANIZATION'S NAME Lafayette Federal Credit Uni	ion			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 2701 Tower Oaks Blvd	CITY	STATE	POSTAL CODE	COUNTRY
	Rockville	MD	20852	USA
4. COLLATERAL: This financing statement covers the following collateral:				
INSTALL WOODEN PRIVACY FENCE, OUTDOO WALL, INSTALL ALUMINUM FENCE	OR LIGHTING, INSTALL ZOY	SIA SOD, CC	NSTRUCT CON	CRETE
COLLATERAL VALUE: \$84,800.00				
140 BRIDGE DR. BIRMINGHAM AI 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
140 BRIDGE DR, BIRMINGHAM, AL 35242-2826	(SHELBY COUNTY)			
		being administe	red by a Decedent's Personal	Representative
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a 1	Trust (see UCC1Ad, item 17 and Instructions)	_=	red by a Decedent's Personal f applicable and check <u>only</u> or	•
5. Check only if applicable and check only one box: Collateral is held in a 16a. Check only if applicable and check only one box:	Trust (see UCC1Ad, item 17 and Instructions)	6b. Check <u>only</u> i	f applicable and check <u>only</u> or	ne box:
5. Check only if applicable and check only one box: Collateral is held in a 16a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	Trust (see UCC1Ad, item 17 and Instructions) A Debtor is a Transmitting Utility	6b. Check <u>only</u> i	f applicable and check <u>only</u> or tural Lien Non-UCC	ne box: Filing
5. Check only if applicable and check only one box: Collateral is held in a 16a. Check only if applicable and check only one box:	Trust (see UCC1Ad, item 17 and Instructions)	6b. Check <u>only</u> i	f applicable and check <u>only</u> or tural Lien Non-UCC	ne box:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9b. INDIVIDUAL'S SURNAME					
LINDSAY					
FIRST PERSONAL NAME					
MICHAEL	LOUIEEN				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
				S FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the model.		1b or 2b of the Financing	g Statem	ent (Form UCC1) (use exact	, full name;
10a. ORGANIZATION'S NAME	<u> </u>				
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
. MAILING ADDRESS	CITY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or SSIG	SNOR SECURED PARTY'S	S NAME: Provide only	<u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	١ ٨	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		<i>F</i>		_	
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTI
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MAILING ADDRESS				POSTAL CODE	COUNT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	CITY			POSTAL CODE	COUNTE
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	MENT:	STATE		fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATE	MENT:	STATE		
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	CITY 14. This FINANCING STATE Covers timber to be covered.	MENT:	STATE		
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	CITY 14. This FINANCING STATE covers timber to be of the content of the covers timber to be of the covers timber t	MENT:	tracted co	ollateral 🗾 is filed as a	fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of 16. Description of real estate: Homestead	MENT:	tracted co	ollateral 🗾 is filed as a	fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of 16. Description of real estate: Homestead Subdivision Name	MENT: sut covers as-ext	GE 2	ollateral is filed as a	fixture filing
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATEM covers timber to be of the control of real estate: Homestead Subdivision Name 202 THRU 210	MENT: sut covers as-ext e: STONEBRIDe SUB: STONE	GE 2	ollateral is filed as a ND SECTOR REGE 2ND SECTOI	fixture filing SUB LT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of the control of real estate: Homestead Subdivision Name 202 THRU 210 Legal Description:	SENT: Sut Covers as-ext SUB: STONEBRID 210 MB/MP: 4	GE 2	ollateral is filed as a ND SECTOR REGE 2ND SECTOI	fixture filing SUB LT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of the control of real estate: Homestead Subdivision Name 202 THRU 210 Legal Description: LOTS 202 THRU	SUB: STONEBRIDE SUB: STONE 210 MB/MP: 4 eet: 4,152	GE 2	ollateral is filed as a ND SECTOR REGE 2ND SECTOI	fixture filing SUB LT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of the control of real estate: Homestead Subdivision Name 202 THRU 210 Legal Description: LOTS 202 THRU Building Square F	SUB: STONEBRIDE SUB: STONEBRIDE 210 MB/MP: 4 eet: 4,152 et: 3,882	GE 2	ollateral is filed as a ND SECTOR REGE 2ND SECTOI	fixture filing SUB LT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCING STATES covers timber to be of the control of real estate: Homestead Subdivision Name 202 THRU 210 Legal Description: LOTS 202 THRU Building Square Feel	SUB: STONEBRIDE SUB: STONEBRIDE 210 MB/MP: 4 eet: 4,152 et: 3,882	GE 2	ollateral is filed as a ND SECTOR REGE 2ND SECTOI	fixture filing

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME							
OF INDIVIDUAL'S SUDNIANE							
` 9b. INDIVIDUAL'S SURNAME LINDSAY							
FIRST PERSONAL NAME							
MICHAEL							
ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX				
E				THE ABOV	E SPACE	IS FOR FILING OFFIC	E USE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only or do not omit, modify, or abbreviate any part of the Deb				1b or 2b of the Fina	ncing Statem	nent (Form UCC1) (use ex	act, full name;
10a. ORGANIZATION'S NAME	otor 3 name, and enter the ma						
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL((S)						SUFFIX
c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNT
11a. ORGANIZATION'S NAME		TEIDOT DEDO	ONIAL NIANAT		ADDITIO	NIAL NIANATION/INITIALION	LOUIEEIX
		FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME		FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	
>):	CITY					
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)	·	CITY Filed and R					
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)		CITY Filed and R Official Pub Judge of Pr	ecorded olic Records	y County Alab	STATE	POSTAL CODE	
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)		CITY Filed and R Official Pub Judge of Pr Clerk	ecorded olic Records obate, Shelby	y County Alab	STATE	POSTAL CODE	
11b. INDIVIDUAL'S SURNAME The individual surnam		Filed and R Official Pub Judge of Pr Clerk Shelby Cou	ecorded olic Records obate, Shelby		STATE	POSTAL CODE	COUNTE
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)	CAHNNI CANAL CONTRACTOR OF THE PARTY OF THE	Filed and R Official Pub Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA	ecorded olic Records obate, Shelby nty, AL 01:34:53 PM NN		ama, Cou	nty	COUNTE
11b. INDIVIDUAL'S SURNAME The individual su	A H. N. N.	Filed and R Official Pub Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800	ecorded olic Records obate, Shelby nty, AL 01:34:53 PM NN 0310670		ama, Cou	POSTAL CODE	COUNTE
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)	A H. N. N.	Filed and R Official Pub Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800	ecorded olic Records obate, Shelby nty, AL 01:34:53 PM NN 0310670	IENT:	ama, Cou	POSTAL CODE Inty	COUNTI
This FINANCING STATEMENT is to be filed [for REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real est	record] (or recorded) in the	Filed and R Official Pul Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800	ecorded olic Records obate, Shelby nty, AL 01:34:53 PM NN 0310670	IENT:	ama, Cou	POSTAL CODE Inty	COUNTI
This FINANCING STATEMENT is to be filed [for REAL ESTATE RECORDS (if applicable)	record] (or recorded) in the	Filed and R Official Pub Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800 14. This FINA Cove 16. Description	ecorded olic Records obate, Shelby of the NN 0310670 ANCING STATEMERS timber to be cure on of real estate:	IENT:	ama, Cou	POSTAL CODE Inty	COUNTI
This FINANCING STATEMENT is to be filed [for REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real est	record] (or recorded) in the	Filed and R Official Pul Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800 14. This FINA Cove 16. Description	ecorded olic Records obate, Shelby obate, Shelby on State of the state on of real estate: 9-3-06-0-00	IENT:	ama, Cou	POSTAL CODE Inty	COUNT
This FINANCING STATEMENT is to be filed [for REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real est	record] (or recorded) in the	Filed and R Official Pul Judge of Pr Clerk Shelby Cou 10/08/2025 (\$42.00 JOA 2025100800 14. This FINA Cove 16. Description	ecorded olic Records obate, Shelby obate, Shelby on State of the state on of real estate: 9-3-06-0-00	IENT: ut covers as	ama, Cou	POSTAL CODE Inty	COUNT
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