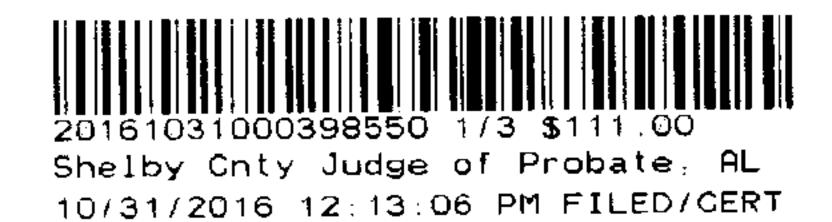
INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)	)			
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	∋ss)			
MCPHAIL SANCHEZ, LLC PO BOX 870				
MOBILE, AL 36602-3226				
-				
		THE ABOVE SPACE	IS FOR FILING OFFICE U	JSE ONLY
	(1a or 1b) (use exact, full name; do not omit, modify, or abbr			
name will not fit in line 1b, leave all of item 1 blank, check 1a. ORGANIZATION'S NAME	k here and provide the Individual Debtor information in i	tem 10 of the Financing Stat	ement Addendum (Form UC	C1Ad)
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIONA	L NA <b>M</b> E(S)/INITIAL(S)	SUFFIX
JORDAN	RITA	ADDITIONA	AL NAIVIE (3)/HATTIAL(3)	SOFFIX
MAILING ADDRESS 5 MARIGOLD DR	CITY ALABASTER	STATE AL	POSTAL CODE 35007	COUNTRY
DERTOR'S NAME: Provide only one Debter name (	(2a or 2b) (usa ayast, full apma; do not amit, modify, ar abby		r's name): if any part of the li	
	(2a or 2b) (use exact, full name; do not omit, modify, or abbrok here and provide the Individual Debtor information in			
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIG 3a. ORGANIZATION'S NAME	NEE of ASSIGNOR SECURED PARTY): Provide only <u>one</u>	Secured Party name (3a or 3	3b)	
ALABAMA POWER COMPANY				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	ADDITIONAL NAME(S)/INITIAL(S)	
MAILING ADDRESS 200 6 <sup>TH</sup> AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY
COLLATERAL: This financing statement covers the follo	owing collateral:			
			0700145	_
· · · · · · · · · · · · · · · · · · ·	Coil Model: AMIXCBMLAGGHCAA Evaporat IJG,A4AC4029D1000AA,23253NOMFF,Run		0786MFurnace Mode	<b>I</b> :
750.00				
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750.00				
750.00				
750.00				
	al is held in a Trust (see UCC1Ad, item 17 and Instructi	ons) Deing administe	ered by a Decedent's Person.	al Representative
Check <u>only</u> if applicable and check <u>only</u> one box: Collatera	ıl is ☐ held in a Trust (see UCC1Ad, item 17 and Instructi		ered by a Decedent's Person. oplicable and check <u>only</u> one	•
750.00  Check <u>only</u> if applicable and check <u>only</u> one box: Collatera  Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction  Manufactured-Ho			oplicable and check <u>only</u> one	box:
Check <u>only</u> if applicable and check <u>only</u> one box: Collatera . Check <u>only</u> if applicable and check <u>only</u> one box:		6b. Check <u>only</u> if ap	oplicable and check <u>only</u> one Lien Non-UCC Filing	box:
Check <u>only</u> if applicable and check <u>only</u> one box: Collatera . Check <u>only</u> if applicable and check <u>only</u> one box:	ome Transaction	6b. Check <u>only</u> if ap	oplicable and check <u>only</u> one Lien Non-UCC Filing	box:

UC	FINANCING STATEMENT ADDENDUM					
	OW INSTRUCTIONS					
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme cause Individual Debtor name did not fit, check here	ent; if line 1b was left b	lank			
	9a. ORGANIZATION'S NAME					
	9b. INDIVIDUAL'S SURNAME					
OR	JORDAN					
	FIRST PERSONAL NAME					
	RITA		Laucena			
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILE	ING OFFICE USE ONLY
10. DE	BTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name	e or Debtor name that c	did not fit in line 1b or			
do	not omit, modify, or abbreviate any part of the Debtor's name) and enter the a. ORGANIZATION'S NAME					
10	b. INDIVIDUAL'S SURNAME					
OR -	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c MAI	LING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
IOC. WIA	LING ADDICESS			Jan	35007	COONTRI
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED F	PARTY'S NAME:	Provide only <u>one</u> name	e (11a or 11b)	
11	a. ORGANIZATION'S NAME					
OR 11	b. INDIVIDUAL'S SURNA <b>M</b> E	FIRST PERSONAL NA	ME	IADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
11c. <b>M</b> AI	LING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
40. ADDITIONAL CDAGE FOR ITEMA (Octlescent):						
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):					
12 🔽		a 14 This FINA	ANCING STATEMEN	Т-		
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		ers timber to be cut		xtracted collateral	is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):			on of real estate:	#. 00464004000	200550 . Dawal	N 00 5 04 0 000
(	Sobial adds not nave a resolut interesty.				ers: RITA JORDA	Number: 23 5 21 0 006 AN
4 <b>-</b>						
17. <b>M</b> IS	SCELLANEOUS:					

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial.

This instrument was prepared by: Justin Smitherman, Esq. 4685 Highway 17 Suite D Helena, AL 35080



Send Tax Notice to:
Rita Jordan
105 Marigold Dr.
Alabaster, AL 35007

STATE OF ALABAMA SHELBY COUNTY



**WARRANTY DEED** 

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of ONE HUNDRED THIRTY NINE THOUSAND NINE HUNDRED (\$139,900.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned GRANTORS, Jeremy D. King and Amber C. King, husband and wife (hereinafter referred to as GRANTORS), the receipt whereof is hereby acknowledged, the GRANTORS do hereby give, grant, bargain, sell and convey unto the GRANTEE, Rita Jordan, an unmarried woman (hereinafter referred to as GRANTEE), in fee simple, together with every contingent remainder and right of reversion, the following described Real Estate, lying and being in the County of Shelby, State of Alabama, to-wit:

Lot 77, according to the Survey of Grande View Garden & Townhomes, 1st Addition as recorded in Map Book 26, Page 16, Shelby County, Alabama Records.

Subject to existing easements, current taxes, restrictions and covenants, set-back lines and rights of way, if any, of record.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEE.

AND SAID GRANTORS, for said GRANTORS, GRANTORS' heirs, successors, executors and administrators, covenants with GRANTEE, and with GRANTEE'S heirs and assigns, that GRANTORS are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that GRANTORS will, and GRANTORS' heirs, executors and administrators shall, warrant and defend the same to said GRANTEE, and GRANTEE'S heirs and assigns, forever against the lawful claims of all persons.

The purchase of the herein described real property is being financed in whole or in part by the proceeds of a purchase money mortgage being executed simultaneously herewith.

Shelby County, AL 10/31/2016 State of Alabama Deed Tax: \$90.00

IN WITNESS WHEREOF, said GRA	NTORS have hereunto set their hands and seals this the
John day of October	2016.
Aug 1	Ales Clax
Jeremy D. King	Amber C. King
STATE OF ALABAMA SHELBY COUNTY	ss;

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Jeremy D. King and Amber C. King, whose names are signed to the foregoing conveyance and who are known to me, acknowledged before me on this day that, being informed of the contents of the Instrument, they signed their names voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the  $\frac{2846}{2016}$  day of ,2016.

Notary Pyblic

My Commission Expires: 16/17

JUSTIN SMITHERMAN
Notary Public, Alabama State At Large
My Commission Expires Jan. 16, 2017

20161031000398550 2/3 \$111.00 Shelby Cnty Judge of Probate, AL 10/31/2016 12:13:06 PM FILED/CERT



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 02/21/2024 08:15:36 AM \$56.70 JOANN 20240221000044580

alling 5. Beyl

## Real Estate Sales Validation Form

This	Document must be	e filed in acco	rdance with Code of Alaban	na 1975, Section 40-22-1		
Grantor's Name	Jeremy D. King	Amber C. King	Grantee's Na	ame Rita Jordan		
Mailing Address	147 Silverstone Lane Alabaster, AL 35007		Mailing Addr	ess 1409 West Dallas Avenue		
			-	Selma, AL 36701		
			_			
Property Address	105 Marigold Dr.		Date of S	Sale 10/28/2016		
i ioporty / taarooo	Alabaster, AL 35007			rice \$139,900.00		
•			or			
			Actual Value	\$		
			or			
			Assessor's Market Va	alue \$		
•			this form can be verified entary evidence is not re	in the following documentary equired)		
Bill of Sale			Appraisal			
Sales Contrac			<b></b> 2016	51031000398550 3/3 \$111.00		
✓ Closing Stater	nent			lby Cnty Judge of Probate, AL 31/2016 12:13:06 PM FILED/CERT		
	If the conveyance document presented for recordation contains all of the required information reterenced above, the filing of this form is not required.					
			Instructions			
Grantor's name an to property and the	_	s - provide t		or persons conveying interest		
Grantee's name are to property is being	<del>-</del>	ss - provide	the name of the person of	or persons to whom interest		
Property address -	the physical add	dress of the	property being conveyed	, if available.		
Date of Sale - the	date on which in	terest to the	property was conveyed.			
Total purchase pride being conveyed by				perty, both real and personal,		
Actual value - if the conveyed by the in licensed appraiser	strument offered	for record.	This may be evidenced I	erty, both real and personal, being by an appraisal conducted by a		
excluding current u	ise valuation, of luing property fo	the property r property ta	as determined by the loax purposes will be used	stimate of fair market value, cal official charged with the and the taxpayer will be penalized		
F	understand that	any false sta	atements claimed on this	tained in this document is true and form may result in the imposition		
Date 10/28/2016			Print Justin Smitherman			
Unattested		,	_ Sign			
	(verifie	d by)	(Grantef/G	rantee/Owner/Agent) circle one		