

V-8712.00



20070821000394510 1/2 \$43.20
Shelby Cnty Judge of Probate, AL
08/21/2007 12:51:08PM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] PAT CARVER 205-221-4111
B. SEND ACKNOWLEDGMENT TO: (Name and Address) PINNACLE BANK 1811 SECOND AVENUE JASPER, AL 35501

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME ARMSTRONG		FIRST NAME MARK	MIDDLE NAME A	SUFFIX
1c. MAILING ADDRESS 523 SUGARBERRY DRIVE		CITY MAYLENE	STATE AL	POSTAL CODE 35114
1d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
			1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME ARMSTRONG		FIRST NAME WENDY	MIDDLE NAME L	SUFFIX
2c. MAILING ADDRESS 523 SUGARBERRY DRIVE		CITY MAYLENE	STATE AL	POSTAL CODE 35114
2d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME PINNACLE BANK, VESTAVIA OFFICE				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2039 CANYON ROAD		CITY VESTAVIA	STATE AL	POSTAL CODE 35216

4. This FINANCING STATEMENT covers the following collateral:

THE COLLATERAL SHALL CONSIST OF ALL OF THE FOLLOWING DESCRIBED PROPERTY AND DEBTOR'S RIGHTS, TITLE AND INTEREST IN SUCH PROPERTY WHETHER NOW OR HEREAFTER EXISTING OR NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR AND WHERESOEVER LOCATED:

3.5 TON 14 SEER DELUXE LIFETIME COMFORT SYSTEM MODEL#CAPF3642C6 SERIAL # 0707575220 AND MODEL #ASX140421 SERIAL # 0702201180 AND MODEL # TFD210ALFR000AA SERIAL # 7205KKU7V AND MODEL # UVX-DM4000

MONIES OR INSTRUMENTS PERTAINING TO THE COLLATERAL DESCRIBED ABOVE ; ALL ACCESSIONS, ACCESSORIES, ADDITIONS, AMENDMENTS, ATTACHMENTS, MODIFICATIONS, REPLACEMENTS AND SUBSTITUTIONS TO ANY OF THE ABOVE; ALL PROCEEDS AND PRODUCTS OF ANY OF THE ABOVE; ALL POLICIES OF INSURANCE PERTAINING TO THE COLLATERAL; AND ALL BOOKS AND RECORDS PERTAINING TO ANY OF THE ABOVE.

5. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON UCC FILING				
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA				



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UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	ARMSTRONG	MARK	A

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input checked="" type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

PROPERTY LOCATED AT 523 SUGARBERRY DRIVE, MAYLENE, ALABAMA 35114, MORE PARTICULARLY DESCRIBED AS FOLLOWS: LOT 306, ACCORDING TO THE SURVEY OF LAKE FOREST, THIRD SECTOR, AS RECORDED IN MAP BOOK 26, PAGE 143, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

15. Name and address of a RECORD OWNER of above described real estate (if Debtor does not have a record interest):

MARK A. ARMSTRONG AND WENDY L. ARMSTRONG

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years

☐ Filed in connection with a Public Finance Transaction -- effective 30 years