		<u> </u>		
LICC FIN	ANCING	STATE	MENT	

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Alabama Power 925 Quintard Ave. P.O. Box 129 Anniston, AL. 36201-5761	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name	(1a or 1b) - do not abbre

20130307000094520 1/2 \$39.65 Shelby Cnty Judge of Probate, AL
03/07/2013 10:39:00 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE LISE ONLY

	<u></u> _		INCABOVE	SPACE IS PU	K FILING OFFICE 03	
. DE	BTOR'S EXACT FU	ILL LEGAL NAME - insert only <u>one</u> debtor name (1	a or 1b) - do not abbreviate or combine names			
1 a .	ORGANIZATION'S NA	ME				
				<u> </u>	·	<u> </u>
JK 1b.	INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE	NAME	SUFFIX
F	lilliard		Curtis			
c. MAIL	LING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
107	Tyler Cir.		Vincent	AL	35178	US
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION		ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
		ORGANIZATION DEBTOR	[1		NONE
ADD	ITIONAL DEBTOR	'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	oine names		
	ORGANIZATION'S NA	· · · · · · · · · · · · · · · · · · ·			<u>. </u>	· · · · · · · · · · · · · · · · · · ·
2b. INDIVIDUAL'S LAST NAME Hilliard		IAME	FIRST NAME	MIDDLE	DLE NAME SUFFIX	
			Shirley			
2c. MAI	LING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
107	Tyler Cir.		Vincent	AL	35178	US
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION			2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
		ORGANIZATION DEBTOR		1		NON
3. SEC	CURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only <u>one</u> secured party name (3a or	3b)		
	ORGANIZATION'S NA	<u> </u>			· · · · · · · · · · · · · · · · · · ·	·
A	Alabama Power					
	. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	MIDDLE NAME SUF	
3c. MAI	LING ADDRESS	<u></u>	CITY	STATE	POSTAL CODE	COUNTRY
P.O.	Box 129		Anniston	AL	36201-5761	US
r.U.	BOX 129		Allition	1 1 1	30201-3701	103

The following heat pump which was installed at the residence located on the property described in Item 14 of the financing statement:

Installed: Rheem 3.5 Ton, 13 SEER Model #: RQNMA042JK015 Serial #: 7547W191215875

			·			
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in	n the REAL 7. Check to REC [if applicable] [ADDITIONAL	QUEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				_		

The initial indebtedness secured by this financing statement is \$7026.00

^{4.} This FINANCING STATEMENT covers the following collateral:

9. NAME OF FIRS	ST DEBTOR (1a or 1b)	ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZA	TION'S NAME						
OR							
96 INDIVIDUAL Hilliard	L'S LAST NAME	FIRST NAME Curtis	MIDDLE NAME, SUFFIX				
0. MISCELLANE	OUS:						
				201303	U/UUUU94520 2/2	\$39.65	
				Shelby 03/07/	Cnty Judge of P 2013 10:39:00 AM	robate, AL	
						LILED/CEKI	
			THE	ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL	DEBTOR'S EXACT FU	LL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate or com	bine names		<i>j.</i>	
11a. ORGANIZA	ATION'S NAME						
OR A F INDUITE	LIO LA OT NIANAT		T-:				
116. INDIVIDUA	AL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
1c. MAILING ADDR	PESS		CITY	OTATE			
TO. INDICITION ADDIT				STATE	POSTAL CODE	COUNTRY	
1d. TAX ID #: SSN	N OR EIN ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR0	ANIZATIONAL ID#, if a	ny	
	ORGANIZATION DEBTOR	ł ՝ i	· [
2. ADDITION	NAL SECURED PART	Y'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 12b	o)			
12a. ORGANIZA					· <u>-</u> .		
OR HOLLINGS							
12b. INDIVIDUA	AL'S LAST NAME		FIRST NAME	MIDDLE	NAMÉ	SUFFIX	
2c. MAILING ADDR)E66	····································	CITY	CTATE	TOOCTAL CODE	COLUMN TOW	
ZC. WAILING ADDR	(E33		CITY	STATE	POSTAL CODE	COUNTRY	
3. This FINANCING	G STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral description:				
	filed as a fixture filing.		To. Additional collateral descriptions.				
4. Description of re	eal estate:						
		attached deed located at:					
107 Tyler Ci	ir., Vincent, AL 35	178					
		of above-described real estate					
	ress of a RECORD OWNER of not have a record interest):	of above-described real estate					
		of above-described real estate					
		of above-described real estate	17. Check only if applicable and check on				
		of above-described real estate	Debtor is a Trust or Trustee act	ing with respect to p	roperty held in trust or	Decedent's Estate	
		of above-described real estate	Debtor is a Trust or Trustee act	ing with respect to p	roperty held in trust or	Decedent's Estate	
		of above-described real estate	Debtor is a Trust or Trustee action 18. Check only if applicable and check on Debtor is a TRANSMITTING UTILITY	ing with respect to p		Decedent's Estat	
		of above-described real estate	Debtor is a Trust or Trustee act	ing with respect to poly one box.	— effective 30 years	Decedent's Estat	