UCC FINANCING STATEMENT

FOLLOW/INSTRUCTIONS

20210518000244560 05/18/2021 11:28:46 AM UCC1 1/4

| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| B. E-MAIL CONTACT AT FILER (optional) | | | | | |
| SPRFiling@cscglobal.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| · | I | | | | |
| 2112 79802 | | | | | |
| CSC | | | | | |
| 801 Adlai Stevenson Drive | | | | | |
| Springfield, IL 62703 | iled In: Alabama | | | | |
| | (Shelby) | | | | |
| | | THE ABOVE SP | ACE IS FO | R FILING OFFICE USE | ONLY |
| I. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use examene will not fit in line 1b, leave all of item 1 blank, check here and part of the later | rovide the Individual Debtor in | | | | |
| | | | | | |
| OR 16. INDIVIDUAL'S SURNAME | FIRST PERSONAL N | <u> </u> | TADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL N. CHRISTINE | AME | ADDITIO P | NAL NAME(S)/INITIAL(S) | SUFFIX |
| HAWKINS | CHRISTINE | AME | Р | ` , , , , , , , , , , , , , , , , , , , | |
| 1b. INDIVIDUAL'S SURNAME | | | ADDITIO P STATE AL | NAL NAME(S)/INITIAL(S) POSTAL CODE 35242 | COUNTRY |
| HAWKINS Ic. MAILING ADDRESS 228 COURTSIDE DRIVE 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa | CHRISTINE CITY BIRMINGHAN ct, full name; do not omit, mod | ∕ I ify, or abbreviate any part • | STATE AL of the Debtor | POSTAL CODE 35242 's name); if any part of the Ir | COUNTRY USA |
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| HAWKINS 1c. MAILING ADDRESS 228 COURTSIDE DRIVE 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exaname will not fit in line 2b, leave all of item 2 blank, check here and part 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Service Experts Heating & ORBANIZATION'S NAME SERVICE EXPERTS HEATING AND SERVICE SE | CHRISTINE CITY BIRMINGHAN act, full name; do not omit, moderovide the Individual Debtor in CITY CITY CITY CITY R SECURED PARTY): Provide Air Conditioning LL | ify, or abbreviate any part of formation in item 10 of the AME | STATE AL ADDITIO STATE ame (3a or 3b | POSTAL CODE 35242 's name); if any part of the Ir atement Addendum (Form UNITIAL(S) NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY USA Individual Debtor's CC1Ad) SUFFIX COUNTRY |
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The Indebtedness Amount is \$20,973.00

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) | being administered by a Decedent's Personal Representative |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: | 6b. Check only if applicable and check only one box: |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility | Agricultural Lien Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy | ver Bailee/Bailor Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | 0440 7000 |

2112 79802

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME HAWKINS FIRST PERSONAL NAME CHRISTINE SUFFIX ADDITIONAL NAME(S)/INITIAL(S) Р THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 10c. MAILING ADDRESS CITY POSTAL CODE STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX FIRST PERSONAL NAME 11c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): CHRISTINE P. HAWKINS Unit 61, in Courtside at Brook Highland, a condominium, as established by that certain Declaration of Condominium of 228 COURTSIDE DR Courtside at Brook Highland, a condominium, which is recorded BIRMINGHAM, AL 35242 as Instrument Number 20020521000241450 in the Probate Office of Shelby County, Alabama, as amended by the Amendment thereto recorded as Instrument Number 20020521000241460 in said Probate Office and as further amended by the corrective amendment recorded as Instrument Number 20020521000241470 in said Probate Office and as reflected in the Plan of Courtside at 17. MISCELLANEOUS:

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here [9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME **HAWKINS** FIRST PERSONAL NAME CHRISTINE ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX Р THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME POSTAL CODE COUNTRY 11c. MAILING ADDRESS STATE CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Brook Highland, prepared by K.B. Weygand & Associates, P.C., which is attached as Exhibit C to the Declaration of Condominium recorded as Instrument Number 20020521000241450 and which is also separately recorded in Map Book 28, Page 103 in said Probate Office. Parcel Number: 03 9 29 0 991 061.000 17. MISCELLANEOUS:

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The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 03/12/2021, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A CARRIER heating component, Model #58TN0A110C21 (Serial # 2420A29484) and a CARRIER air conditioner, Model # 25VNA048A003 (Serial # 4020E19240), whether now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts

and tools belonging thereto or for use in connection therewith; and any and all products and proceeds of any of the foregoing (including, but not limited to, any claims to any items referred to in this definition, and any claims of Debtor against third parties for loss of, damage to or destruction of any or all of the collateral or for proceeds payable under, or unearned premiums with respect to, policies of insurance) in whatever form, including, but not limited to, all cash, interest, principal, royalties, license fees, rents, dividends, negotiable instruments and other instruments for the payment of money, chattel paper, security agreements and other documents or other property from time to time received, receivable or otherwise distributed in respect of, or in exchange for, the collateral. Said collateral is located at address:

228 COURTSIDE DRIVE

BIRMINGHAM, AL 35242

THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL.

THE DEBTOR IS LEASING THE COLLATERAL.



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk **Shelby County, AL** 05/18/2021 11:28:46 AM \$74.50 JOANN alling 5. Beyol

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