

8. OPTIONAL FILER REFERENCE DATA:

\$6951.00

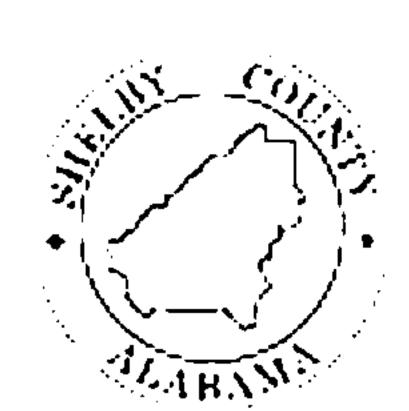
20220601000219870 06/01/2022 11:51:17 AM

UCC1 1/2 **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) KENT MCPHAIL & ASSOCIATES PO BOX 870 MOBILE, AL 36602-3226 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX WIRTH |NINA 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ALABASTER |USA 157 CRISFIELD CIR 35007 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) 2c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY OR 3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX POSTAL CODE 3c. MAILING ADDRESS STATE COUNTRY 1200 6[™] AVE N BIRMINGHAM 35203 $|\mathsf{AL}|$ 4. COLLATERAL: This financing statement covers the following collateral: HVAC Replacement,A/C with Electric Heat Strips,Installed new Payne system.,PH14NB030A / PF4MNB031,3221X23263 / 3421F36752,Payne \$6951.00 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 only if applicable and check only one box: 6b. Check only if applicable and check only one box: Non-UCC Filing Public-Finance Transaction Manufactured-Home Transaction ■ A Debtor is a Transmitting Utility ____ Agricultural Lien Seller/Buyer Bailee/Bailor 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Licensee/Licensor

Shelby County

UCC FINANCING STATEMENT ADDENDUM									
FOLLOW INSTRUCTIONS O NAME OF FIRST DERTOR: Compact line to antibody Statements (Line the weet left blook									
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								
0 D									
	9b. INDIVIDUAL'S SURNAME								
OR	WIRTH								
	FIRST PERSONAL NAME								
	NINA								
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
			Th	HE ABOVE	SPACE IS FOR FILIN	IG OFFICE	USE ONLY		
	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name not omit, modify, or abbreviate any part of the Debtor's name) and enter the			2b of the F	inancing St	atement (Form UCC1) (use exact, ful	l name;	
	a. ORGANIZATION'S NAME	maning address in line	, 100						
10	b. INDIVIDUAL'S SURNAME								
OR -									
	INDIVIDUAL'S FIRST PERSONAL NAME								
\vdash	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX	
10c. MA	ILING ADDRESS	CITY			STATE	POSTAL CODE		COUNTRY	
						35007			
11.	11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)								
11	a. ORGANIZATION'S NAME								
OR					_				
11	. INDIVIDUAL'S SURNAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			SUFFIX		
11c MA	ILING ADDRESS	CITY			STATE POSTAL CODE			COUNTRY	
TTO. WIZ	ILINO ADDICEOU				I STATE	I OOTAL OODL			
12. AC	DITIONAL SPACE FOR ITEM 4 (Collateral):								
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT:									
13.	REAL ESTATE RECORDS (if applicable)		ers timber to be cut		covers as-e	xtracted collateral	is filed a	s a fixture filing	
	me and address of a RECORD OWNER of real estate described in item 16		on of real estate:						
(i f	Debtor does not have a record interest):		INSTRUMENT# 20100624000200440 BOOK&PAGE: 37/123 LEGAL						
			DESCRIPTION: SUB DIVISON1: CHESAPEAKE SUBDIVISION MAP BOOK: 37 PAGE: 123 PRIMARY LOT: 18 PARCEL# 22 9 30 4 001 018.000 OWNER:						
		WIRTH NII		I LOT.		LL# 22 3 30 4 00 i	010.000	OVVINEIV.	
17. MISCELLANEOUS:									

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.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
06/01/2022 11:51:17 AM
\$49.50 JOANN
20220601000219870

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