		_	

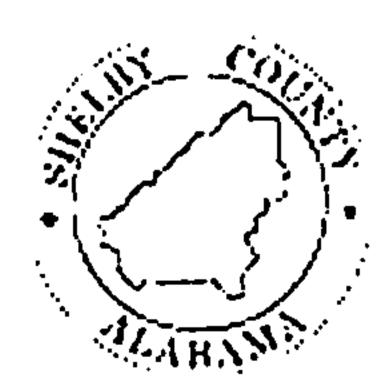


20220620000246850 1/2 \$51.30 Shelby Cnty Judge of Probate, AL 06/20/2022 03:07:52 PM FILED/CERT

CC FINANCING STATEMENT		Q	06/20/2022 03:07:5	2 PM FILED/CERT	
DLLOW INSTRUCTIONS		•	•		
NAME & PHONE OF CONTACT AT FILER (optional)					
E-MAIL CONTACT AT FILER (optional)		•			
. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	<del></del>	•			
KENT MCPHAIL & ASSOCIATES					
PO BOX 870					
MOBILE, AL 36602-3226			•		
			·		
			S FOR FILING OFFICE U		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us	se exact, full name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the In	dividual Debtors	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here at	nd provide the Individual Debtor information in item 10	of the Financing State	ement Addendan (Form Co.	<u> </u>	
1a. ORGANIZATION'S NAME					
	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
1b. INDIVIDUAL'S SURNAME	KAREN				
SIMMONS	CITY	STATE	POSTAL CODE	COUNTRY	
MAILING ADDRESS 7 WINDSOR RIDGE DR	PELHAM	AL	35124	USA	
28. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	SUFFIX		
20. INDIVIDUAL S SURVIVILE			STATE POSTAL CODE		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
	Devide only one Secur	ed Party name (3a or	3b)		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE)	SIGNOR SECURED PARTY): Provide only bite occur	out aity nonine (out or			
3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX	
			POSTAL CODE	COUNTRY	
: MAILING ADDRESS	CITY	STATE	35203		
200 6 <sup>π</sup> AVE N	BIRMINGHAM				
COLLATERAL: This financing statement covers the following colla	iteral:				
VAC Replacement,A/C with Gas Furnace,Replace ex	xisting system with new,RA1430AJ1NA,V	N062220570,Rh	eem		
VAC Replacement, A/C with Gas i difface, replace s					
8166.00					
•		* 30*	•		
		, , , , , , , , , , , , , , , , , , ,	<b>1.</b>		
		•			
•					
. Check only if applicable and check only one box: Collateral is h	eld in a Trust (see UCC1Ad, item 17 and Instructions)		stered by a Decedent's Perso		
a. Check only if applicable and check only one box:	PD. Cleck Dilly is applicable and officer and officers				
Public-Finance Transaction Manufactured-Home Trans	Agricultural Lien Non-UCC Filing				
		ıyer 🔲 Bailee/	Bailor · Licenseé/Lic	ensor	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesso.					
8. OPTIONAL FILER REFERENCE DATA:	CHELBY County		L.		
\$8166.00	SHELBY County				

ucc	FINANCING STATEMENT ADDENDUM				•				
FOLL	OW INSTRUCTIONS		4 h la A blank			•			
9. NA	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen	t; if line	1D was leπ blank						
bec	ause Individual Debtor name did not fit, check here				•				
9a. ORGANIZATION'S NAME						· .			
						•			
	9b. INDIVIDUAL'S SURNAME								
OR	SIMMONS								
	FIRST PERSONAL NAME	L NAME				•			
	KAREN								
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX						
					SPACE IS FOR FILI				
40 D	EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	or Debt	or name that did not fit in line 1b or 2b of	f the Fi	nancing Sta	tement (Form UCC1) (	use exact, fi	ıll name;	
10. Di	not omit, modify, or abbreviate any part of the Debtor's name) and enter the	mailing	address in line 10c				<u> </u>		
10	a. ORGANIZATION'S NAME								
10	Db. INDIVIDUAL'S SURNAME								
1							<del>_</del>		
OR -	INDIVIDUAL'S FIRST PERSONAL NAME								
					<u> </u>			SUFFIX	
<u> </u>	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					•		SUFFIX	
1								COUNTRY	
10c. M/	AILING ADDRESS	CITY			STATE	POSTAL CODE 35124		COUNTRY	
							· ·		
	ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR S	FCURED PARTY'S NAME: Pro	vide or	ily <u>one</u> nam	e (11a or 11b)			
						7	;		
1	18. ORGANIZATION'S NAME								
or -		FIRST	PERSONAL NAME	-	ADDITION/	AL NAME(S)/INITIAL(S)		SUFFIX	
	1b. INDIVIDUAL'S SURNAME	"			·r.				
		CITY			STATE	POSTAL CODE		COUNTRY	
11c. M	AILING ADDRESS	""							
12. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):								
	•								
	•								
							•		
12	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	the	14. This FINANCING STATEMENT:				<b>☑</b> :, e1.	ed as a fixture filing	
13. [	REAL ESTATE RECORDS (if applicable)		covers timber to be cut	<u> </u>	covers as-	extracted collateral	LS III	d as a fixture filling	
15.	Name and address of a RECORD OWNER of real estate described in item 16	3	16. Description of real estate:		". Nite 4 aas	34054000022058		DESCRIPTION:	
			SOURCE OF TITLE: INSTRUMENT # 20210510000229580 LEGAL DESCRIPTION: LOT 19 according to the Survey of Windsor Risge as recorded in Map Book 21,						
			Page 68, in hte Probate Office	ce of	Shelby (	County, Alabama.	PARCE	L#: 13 1 01 2	
			006 019.000 OWNERS: Kar	en Si	mmons a	and Brandon Sim	mons		
			000 015,000 011112110. 1141	<b>01. 0</b> .					
			, <del>,</del> ,						
				•					
17.	MISCELLANEOUS:								
- •								toric opicial	

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



20220620000246850 2/2 \$51.30 Shelby Cnty Judge of Probate, AL 06/20/2022 03:07:52 PM FILED/CERT aleis. Buyl