
8. OPTIONAL FILER REFERENCE DATA:

\$4233.00

20220815000317950 08/15/2022 10:04:54 AM

UCC1 1/3UCC 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 |BARRY THRASH 1c. MAILING ADDRESS COUNTRY POSTAL CODE CITY STATE ALABASTER USA 904 10TH CT SW 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 3c. MAILING ADDRESS CITY STATE POSTAL CODE 1200 6[™] AVE N BIRMINGHAM 35203 $|\mathsf{AL}|$ 4. COLLATERAL: This financing statement covers the following collateral: HVAC Replacement, A/C with Gas Furnace, Replaced ac and evap coil, 114CNA024-A, 3721E03436, Bryant \$4233.00 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: Public-Finance Transaction Agricultural Lien Manufactured-Home Transaction A Debtor is a Transmitting Utility Non-UCC Filing Seller/Buyer Lessee/Lessor Bailee/Bailor Licensee/Licensor 7. ALTERNATIVE DESIGNATION (if applicable): Consignee/Consignor

Shelby County

	C FINANCING STATEMENT ADDENDUM OW INSTRUCTIONS						
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	nent; if line 1b was left bla	nk				
	cause Individual Debtor name did not fit, check here						
	9a. ORGANIZATION'S NAME						
	9b. INDIVIDUAL'S SURNAME						
OR	THRASH						
	FIRST PERSONAL NAME						
	BARRY						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		E 450VE		
10 D	ERTOP'S NAME, Provide (10e er 10b) enly one additional Dabter nam	a ar Dabtar nama that di	d not fit in line 1 b or 1			SPACE IS FOR FILING	
do	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 Fi	nancing Sta	tement (Form OCC1) (us	se exact, full name;
1	Da. ORGANIZATION'S NAME						
1	0b. INDIVIDUAL'S SURNAME						
OR	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c. M/	AILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
						35007	
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PA	ARTY'S NAME:	Provide onl	y <u>one</u> name	e (11a or 11b)	
1	1a. ORGANIZATION'S NA M E				<u> </u>		
OR -		_					
1	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	T PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
11c. M/	AILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
TIC. MAILING ADDICESS							
12. Al	DDITIONAL SPACE FOR ITEM 4 (Collateral):						
5	7	I 14 Thin FINIAN		T.			
13. 🔼	This FINANCING STATEMENT is to be filed [for record] (or recorded) in t REAL ESTATE RECORDS (if applicable)		ICING STATEMENT s timber to be cut		overs as-ex	tracted collateral	is filed as a fixture filing
	ame and address of a RECORD OWNER of real estate described in item 16			<u> </u>			<u> </u>
(i f	Debtor does not have a record interest):				_		t; Parcel: 23 1 02 3
		002 021.02	9; Owners: Barı	ry ⊑. Inr	asn & Li	sa C. Thrash	
17. M	SCELLANEOUS:						

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.

Eastern Office (205) 833-1571 FAX 833-1577.

Notary Public

Riverchase Office (205) 988-5600 FAX 988-5905

This instrument was prepared by: (Name) Holliman, Shockley & Kelly			Send Tax Notice to: (Name) BARRY E. THRASH and LISA C. THRASH					
(Name) Holliman, Shockley & Kelly (Address) 2491 Pelham Parkway Pelham, AL 35124			(Address) 904 10th Court Southwest					
			Alabaster, AL 35007					
		OINTLY FOR LI	FE WITH REMAINDER TO SURVIVOR					
STATE OF ALABAM SHELBY	COUNTY }	KNOW ALL	MEN BY THESE PRESENTS,					
That in consideration of	One Hundred Twen	ty-One Thousa	nd and no/100	DOLLARS				
			NTEES herein, the receipt of which is hereby ack	nowledged, we				
LEONARD	S. KENDRICK, A MAR rantors), do grant, bargain,	RRIED MAN						
	THRASH and wife, RANTEES), as joint tenan		Head of the self-off of the self-off of the self-off of the self-off off off off off off off off off of	in				
	SHELBY	Count	y, Alabama, to-wit:					
Lot 19, according to the County, Alaban	e Probate Office of	of Thompson I f Shelby Count	Plantation, as recorded in Map Book 1: y, Alabama; being situated in Shelby	161-				
restrictions,	(l) Taxes for the yreservations, right any. (3) Mineral	hts-of-way, l	subsequent years, (2) Easements, imitations, covenants and conditions ights, if any.	. +395				
Φ 116 ΔΕΔ ΔΔ	of the purchase	nrice is bei	ne paid by the	. H				
	first mortgage loa							
The property or hi		- -	constitute the homestead of					
6.1.4.1.		1 _	Inst * 1995-19146					
Filed an	ıd Recorded	· -						
Official Judge of Clerk Shelby	Public Records f Probate, Shelby County Alaban مبر County, AL 022 10:04:54 AM		07/20/1995-19146 10:46 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE SHELBY COUNTY JUDGE OF PROBATE 15.00					
\$47.45 J	•	alling 5. Bey	na					
it being the intention of lives of the grantees her and, if one does not sur And I (we) do, and assigns, that I am (above; that I (we) have	the parties to this conveyseln) in the event one granted rivive the other, then the help we are) lawfully seized in for good right to sell and conveys	ence, that (unless the herein survives the irs and assigns of the formy (our) heirs, coesimple of said provey the same as aforwey the same as aformed the same as aforwey the same as aformed the same as aforwey the same as aformed the same as aforwey the same as a forwey the	joint tenants, with right of survivorship, their heirs and the joint tenancy hereby created is severed or terminated to other, the entire interest in fee simple shall pass to the state grantees herein shall take as tenants in common. Executors and administrators, covenant with said GRAN emises; that they are free from all encumbrances, unless resaid; that I (we) will, and my (our) heirs, executors are dissigns forever, against the lawful claims of all persons.	during the join urviving granted administrator administrator				
IN WITNESS day of	- 	re hereunto set	hand(s) and scal(s) this 17th	<u> </u>				
WITNESS	P-	_(Scal)	Loonal I leids	(Scal)				
•	· · ·	_(Seal)	LEONARD S. KENDRICK	(Seal)				
		_ (Scal)		(Scal)				
STATE OF ALABAN	MA County	} General Ackno	ner la de manage					
•	ndersigned authori	ty	, a Notary Public in and for said County, in s	aid State, hereb				
	s, KENDRICK, A MA		, whose name <u>is</u> signe	•				
conveyance, and who			ore me on this day that, being informed of the contents of	f the conveyance				
	d the same voluntarily on the	•		, C.				
Oreco anact my nand	and official scal, this $\frac{1}{2}$	Oay of	July	<u></u> -				

My Commission Explica: