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8. OPTIONAL FILER REFERENCE DATA:

\$15800.00

20220816000320540 08/16/2022 09:14:55 AM

UCC FINANCING STATEMENT			UCC1 1/3			
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 U	ISF ONLY		
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exa	act, full name; do not omit, modify, or abbrevi					
name will not fit in line 1b, leave all of item 1 blank, check here and pro						
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX		
GARRETT	WILLIAM	ADDITION	AL IVANILOMINITALO			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
160 SAINT CHARLES DR	HELENA	AL	35080	USA		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa						
name will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME	ovide the Individual Debtor information in item	n 10 of the Financing St	atement Addendum (Form UC	C1Ad)		
Za. OROANIZATIONO NAIVIE						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
ZC. WAILING ADDRESS		SIAIE	FOSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only one Sec	cured Party name (3a or	3b)			
3a. ORGANIZATION'S NAME	<u>,</u>					
OR ALABAMA POWER COMPANY						
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
3c. MAILING ADDRESS 1200 6 TH AVE N	CITY	STATE	POSTAL CODE	COUNTRY		
	BIRMINGHAM	AL	35203			
4. COLLATERAL: This financing statement covers the following collateral:						
HVAC Replacement, Heat Pump, 3 ton Lennox heat pump ar	nd air handler,ML16XP1036230 3	T,1921D39175,Le	nnox			
\$15800.00						
φ13000.00						
5. Check only if applicable and check only one box: Collateral is held in a	Trust (see UCC1Ad, item 17 and Instructions	s) Deing administ	ered by a Decedent's Persona	al Representative		
6a. Check only if applicable and check only one box:		6b. Check only if applicable and check only one box:				
Public-Finance Transaction Manufactured-Home Transaction		Agricultural Lien Non-UCC Filing				
	A Debtor is a Transmitting Utility Considered Considered College					
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/B	uyer Bailee/B	ailor Licensee/Licen	SOF		

Shelby County

20220816000320540 08/16/2022 09:14:55 AM UCC1 2/3

	C FINANCING STATEMENT ADDENDUN OW INSTRUCTIONS	1				
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	nent; if lir	ne 1b was left blank			
be	cause Individual Debtor name did not fit, check here					
	9a. ORGANIZATION'S NAME					
OR	9b. INDIVIDUAL'S SURNAME GARRETT					
	FIRST PERSONAL NAME WILLIAM					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
			Т	HE ABOVE	SPACE IS FOR FILING O	FFICE USE ONLY
10. DI	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name	ne or Del	otor name that did not fit in line 1b or 2b of the	Financing St	atement (Form UCC1) (use e	xact, full name;
	not omit, modify, or abbreviate any part of the Debtor's name) and enter the a. ORGANIZATION'S NAME	<u>ne mailin</u>	g address in line 10c			
10	b. INDIVIDUAL'S SURNAME					
OR -	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c MA	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
TOO. IVIA	ILINO ADDICEOU			OTATE	35080	
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR S	SECURED PARTY'S NAME: Provide o	nly <u>one</u> nam	e (11a or 11b)	
11	a. ORGANIZATION'S NA M E					
OR 4	b. INDIVIDUAL'S SURNA ME	TEIDET	DEDCONAL NAME	LADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
'	D. INDIVIDUAL 3 SURNAIVIE	FIRST	PERSONAL NAME	ADDITIONA	SUFFIX	
11c. MA	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):					
13. 🛚	This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the	14. This FINANCING STATEMENT:			
15 Na	REAL ESTATE RECORDS (if applicable) me and address of a RECORD OWNER of real estate described in item 10	6	covers timber to be cut 16. Description of real estate:	covers as-e	xtracted collateral \(\times\) i	s filed as a fixture filing
(if Debtor does not have a record interest): Source of Title: 20200110000015290; Legal: See Attachment; Parcel: 13 5				rcel: 13 5 21 2 000		
			005.037: Owner: William Garrett			
17 M/I	SCELLANEOUS:					
1 C . IVII						

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.

20200110000015290 01/10/2020 12:09:05 PM DEEDS 1/4

Return to:

Grantor Address/ Send Future Tax Notices: 160 St. Charles Dr. Helena, AL 35080 (26624011-5330599) WAR

WARRANTY DEED (1)

STATE OF ALABAMA COUNTY OF SHELBY

KNOW ALL MEN BY THESE PRESENTS:

That for and in consideration of Ten Dollars (\$10.00) and other valuable consideration, to the undersigned Grantor, Hubert L. (H.L.) Crim, Jr. and Donna Lynn Crim aka Lynn Penny Crim, husband and wife, in hand paid by the Grantee herein, the receipt of which is hereby acknowledged by said Grantor, Grantor does, by these presents grant, bargain, sell, convey and generally warrant to William Garrett, a single man, together with every contingent remainder and right of reversion, herein referred to as Grantee, the following described real estate, to-wit:

LOT 10, ACCORDING TO THE SURVEY OF SAINT CHARLES PLACE, JACKSON SQUARE, PHASE TWO, SECTOR THREE, AS RECORDED IN MAP BOOK 20, PAGE 39, IN THE PROBATE OFFICCE OF SHELBY COUNTY, ALABAMA. LESS AND EXCEPT MINERAL AND MINING RIGHTS.

Tax ID 13 5 21 2 000 005.037

Prior Deed Reference: DEED INSTRUMENT NO. 20191112000418320

Commonly Known As:

160 St. Charles Dr. Helena, AL 35080



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/16/2022 09:14:55 AM
\$64.70 JOANN
20220816000320540

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