20230515000144510 05/15/2023 03:57:43 PM UCC1 1/2

UCC	FINI/	NIC	INIC	<b>STA</b>	TEN	/ENT
ULL		$\mathbf{AINC}$	IIVG	OIA	LICIV	

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226				
		E ABOVE SPACE	IS FOR FILING OFFICE U	ISE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use of the control of				
name will not fit in line 1b, leave all of item 1 blank, check here and placed and place	provide the Individual Debtor Information in Item 10 o	of the Financing Sta	tement Addendum (Form UC)	C1Ad)
OR 45 INDIVIDUALIS CUDNAME	TEIDET DEDCONAL NAME	LADDITION	A L. NIA NATIONALION	Teureiv
1b. INDIVIDUAL'S SURNAME  HADLEY	JUSTIN	ADDITION	AL NAME(\$)/INITIAL(\$)	SUFFIX
1c. MAILING ADDRESS 1164 WILLOW CREEK CT	CITY ALABASTER	STATE <b>AL</b>	POSTAL CODE 35007	COUNTRY USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use on the name will not fit in line 2b, leave all of item 2 blank, check here and and				
2a. ORGANIZATION'S NAME	provide the individual Deptor Information in Item 10 (	or the Financing Sta	atement Addendum (Form OC	CTAG)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITION	AL NAME(Q\/INITIAL(Q\	SUFFIX
ZD. INDIVIDUAL S SURIVAIVIE	TIKST FERSONAL NAIVIE	RSONAL NAME (S)/INITIAL(		SOFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY): Provide only <u>one</u> Secured	l Party name (3a or	3b)	
3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NA <b>M</b> E(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1200 6 <sup>TH</sup> AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:			33203	
HVAC Replacement, A/C with Gas Furnace, AC, 114CNA03 STATE3LTBR-01, 412834970648, Ecobee   HVAC Replacer Replacement, A/C with Gas Furnace, Gas Furnace, 800SA4 \$9417.00	30000,1222E22867,Bryant HVAC Repla ment,A/C with Gas Furnace,Evaporator			
5. Check only if applicable and check only one box: Collateral is  held in	a Trust (see UCC1Ad, item 17 and Instructions)	☐ being administ	ered by a Decedent's Persona	al Representative
6a. Check only if applicable and check only one box:			pplicable and check <u>only</u> one	•
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultura	I Lien	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	☐ Bailee/Ba	ailor Licensee/Licen	sor
8. OPTIONAL FILER REFERENCE DATA: \$9417.00	Shelby County			
	INTERNATIONA	L ASSOCIATIO	N OF COMMERCIAL ADI	MINISTRATORS(IACA)

	C FINANCING STATEMENT ADDENDUM								
	OW INSTRUCTIONS  ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent: if line 1b was left b	lank						
	cause Individual Debtor name did not fit, check here	one, il illio 15 was fole 5	AGITIK						
	9a. ORGANIZATION'S NAME								
OR	OR HADLEY  FIRST PERSONAL NAME  JUSTIN								
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			THE ABOVE SPACE IS FOR FILING 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	Financing Sta	atement (Form UCC1) (u	ise exact, full name;		
	a. ORGANIZATION'S NAME	e mailing address in line	e iuc						
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 35007	COUNTRY		
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED I	PARTY'S NAME:	Provide o	nly <u>one</u> nam	e (11a or 11b)	•		
1	a. ORGANIZATION'S NA <b>M</b> E								
OR 1	b. INDIVIDUAL'S SURNA <b>M</b> E	FIRST PERSONAL NA	ST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)			
11c. <b>M</b> A	ILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY		
12. AE	DITIONAL SPACE FOR ITEM 4 (Collateral):								
13. 🔀	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		ANCING STATEMEN			ا د د دا د ا د د ا	is filed as a fixture filing		
15. Na	me and address of a RECORD OWNER of real estate described in item 16		ers timber to be cut on of real estate:		covers as-e	xtracted collateral	is filed as a fixture filing		
(if Debtor does not have a record interest):		SOURCE according 102, A & E Shelby Co	SOURCE OF TITLE: INST # 20160606000192990 LEGAL DESCRIPTION: Lot 55, according to the Survey of Willow Creek, Phase II, as recorded in Map Book 9, Page 102, A & B, in the Probate Office of Shelby County, Alabama, being situated in Shelby County, Alabama. PARCEL #: 13 7 26 4 001 012.015 OWNERS: HADLEY JUSTIN H & SHAUNA J						
17. MI	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.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/15/2023 03:57:43 PM
\$53.25 BRITTANI
20230515000144510

alli 5. Buyl