20230913000275660 09/13/2023 08:40:12 AM UCC1 1/3



UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
B. E-IVIAIL CONTACT AT TILLIN (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
MCPHAIL SANCHEZ, LLC PO BOX 870					
MOBILE, AL 36602-3226					
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact,			s name): if any part of the Ind		
name will not fit in line 1b, leave all of item 1 blank, check here and provid					
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	ADDITIONAL NAME(S)/INITIAL(S) SUF		
EDWARDS	CONNIE	OT 1 TE	Incotal conf	0.0111.1753.4	
1c. MAILING ADDRESS 194 JASMINE DR	ALABASTER	STATE AL	35007	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact,					
name will not fit in line 2b, leave all of item 2 blank, check here and provided as ORGANIZATION'S NAME	le the Individual Debtor information in item 10 of	the Financing State	ement Addendum (Form UCC	:1Ad)	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR START OF	ECURED PARTY): Provide only <u>one</u> Secured Pa	Party name (3a or 3b	0)		
ALABAMA POWER COMPANY OR					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1200 6 [™] AVE N	BIRMINGHAM	AL	35203		
4. COLLATERAL: This financing statement covers the following collateral:					
HVAC Replacement, Heat Pump, Trane 2.5 ton 16SEER split h	eat pump,4TWR6030H1000AC,2144	444WR4F,Trar	ne		
\$14192.00					
5. Check only if applicable and check only one box: Collateral is held in a Tru	st (see UCC1Ad, item 17 and Instructions)	being administer	ed 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:			
	A Debtor is a Transmitting Utility	Agricultural L			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Bailee/Baile	or Licensee/License	or	
8. OPTIONAL FILER REFERENCE DATA:					
\$14192.00	Shelby County	4 0 0 0 0 1 4 - 1 0 1 1		NUOTOATOACC	

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

FIRST PERSONAL NAME CONNIE ADDITIONAL NAME(S)/INITIAL(S) DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE 35007 COUNTRY 35007 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)		FINANCING STATEMENT ADD OW INSTRUCTIONS	ENDUM						
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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.

200901070000004670 1/2 \$15.00 Shelby Cnty Judge of Probate AL 01/07/2009 01:08:09PM FILED/CERT

After Recording Return to:

TSS, LLC P.O. BOX 10550 McLEAN, VA 22102-8550 1-800-480-7161

Above This Line Reserved For Official Use Only-----

Mail Tax Statements to:
Connie H. Bivins
194 Jasmine Drive
Alabaster, AL 35007

2034300

Tax ID: 23 5 15 0 004 019.00

QUITCLAIM DEED

(the purpose of this deed is to update marital status to title)

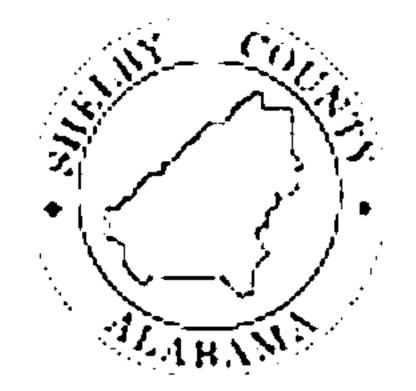
STATE OF ALABAMA

COUNTY SHELBY

LOT 19, ACCORDING TO THE SURVEY OF THE MEADOWS, PLAT 2, AS RECORDED IN MAP BOOK 20, PAGE 17 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

Page 1 of 2

20230913000275660



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
09/13/2023 08:40:12 AM
\$62.30 JOANN

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