

20231218000361670
12/18/2023 08:04:10 AM
UCC1 1/5

UCC 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)
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"><div style="border: 1px solid black; height: 100px; width: 100%;"></div><div style="text-align: center; padding-top: 10px;">MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226</div></div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **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)

OR	1a. ORGANIZATION'S NAME				
	1b. INDIVIDUAL'S SURNAME ALLARDE	FIRST PERSONAL NAME JEAN	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 2115 CAHABA VALLEY RD		CITY INDIAN SPRINGS	STATE AL	POSTAL CODE 35124	COUNTRY USA

2. **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)

OR	2a. ORGANIZATION'S NAME				
	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 SECURED PARTY): Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME 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 BIRMINGHAM	STATE AL	POSTAL CODE 35203	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:

HVAC Replacement, A/C with Gas Furnace, 5T Ac & Coil w/Water line repair, ML14XP1060, 1922D03864, Lennox

\$7200.00

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <div style="display: flex; justify-content: space-between; align-items: center;"> \$7200.00 Shelby County </div>	

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME ALLARDE	
	FIRST PERSONAL NAME JEAN	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. 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

OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE 35124	COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

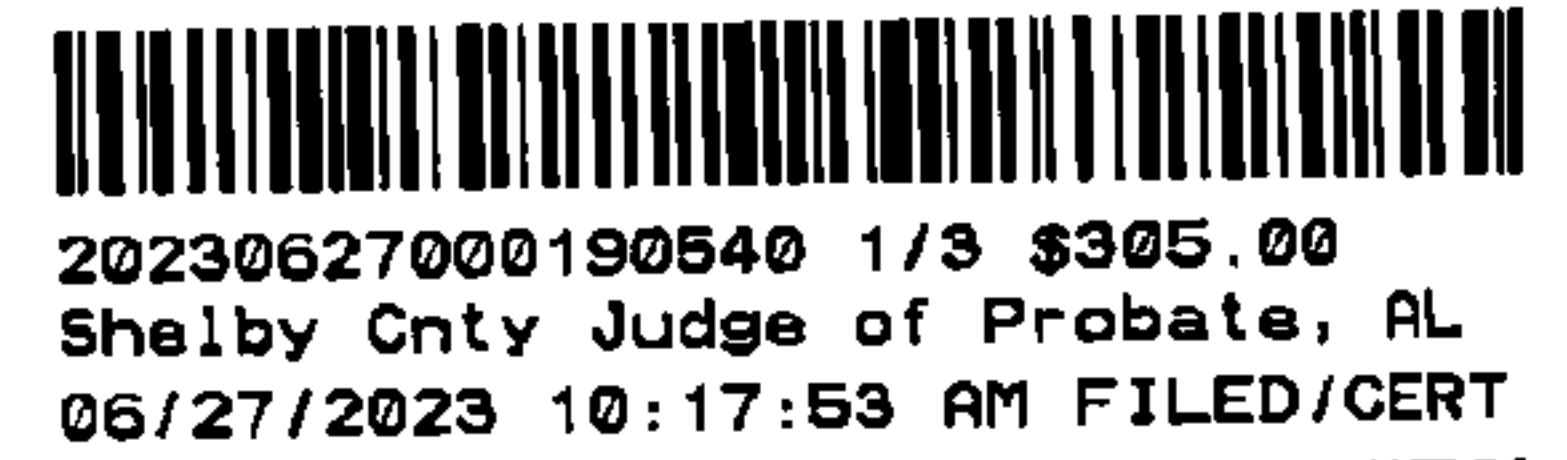
OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: Source of Title: instrument#:20230627000190540 ;Parcel Number: 10 9 29 0 002 018.000 ; Legal: See Attached Deed; Owners:JEAN ALLARDE,RODOLFO CHRISTOPHER ALLARDE

17. MISCELLANEOUS:

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.



I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original instrument as recorded in the office of the Clerk of the Court of Probate, Shelby County, Alabama.

Witness my hand and the seal of the Court of Probate, Shelby County, Alabama, this 27th day of June, 2023.

Notary Public for the State of Alabama, My Commission Expires 12/31/2024

Commitment Number: 544605

This instrument prepared by:

Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866)-611-0170 and Thomas Granville McCroskey, Esq., Member of the Alabama Bar and licensed to practice law in Alabama.

After Recording Return To:

Jean Allarde and Rodolfo Christopher Allarde
2115 Cahaba Valley Road, Indian Springs, Alabama 35124

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER
10-9-29-0-002-018-000

QUITCLAIM DEED

Jean Allarde, widowed and not remarried, hereinafter grantor, whose tax-mailing address is 2115 Cahaba valley road, Indian Springs, Alabama 35124, without monetary consideration, grants and quitclaims to Jean Allarde, a widow and Rodolfo Christopher Allarde, an unmarried man, for and during their joint lives as joint tenants and upon the death of either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, hereinafter grantees, whose tax mailing address is 2115 Cahaba Valley Road, Indian Springs, Alabama 35124, the following real property:

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN SHELBY COUNTY, ALABAMA, TO WIT:

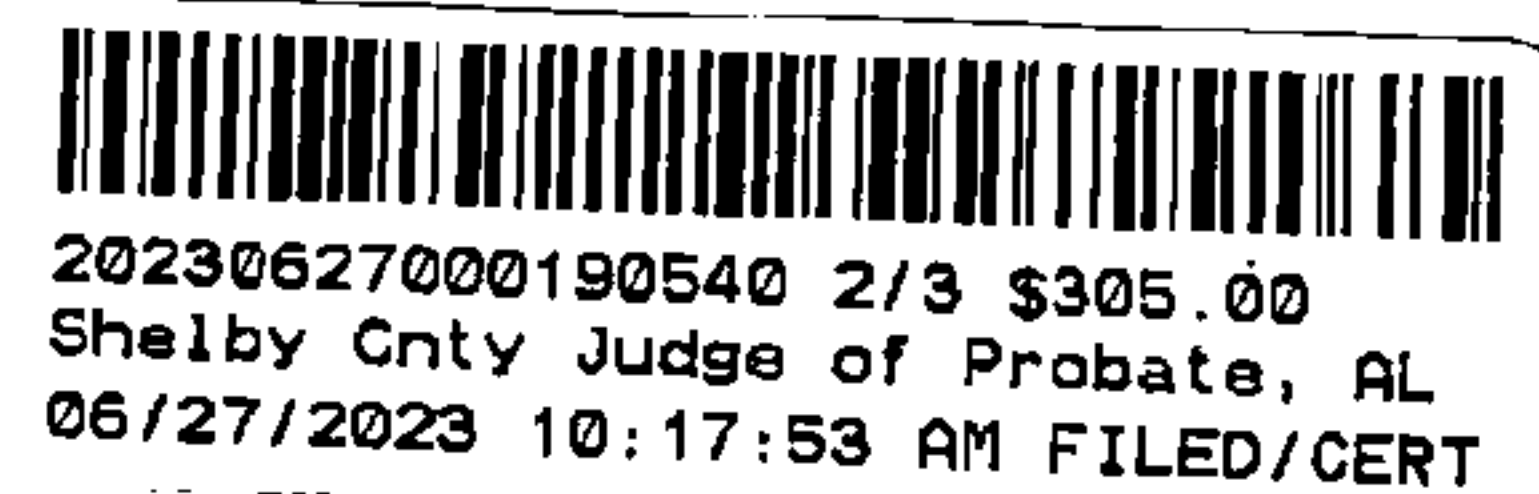
LOT 2 BLOCK 2 ACCORDING TO THE SURVEY OF INDIAN SPRINGS RANCH AS RECORDED IN MAP BOOK 4, PAGE 29 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

AND ALSO LOT 3, IN BLOCK 2, ACCORDING TO THE SURVEY OF INDIAN SPRINGS RANCH AS RECORDED IN MAP BOOK 4, PAGE 29 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

P.I.D#: 10-9-29-0-002-018-000

Property Address is: 2115 Cahaba Valley Road, Indian Springs, Alabama 35124

Shelby County, AL 06/27/2023
State of Alabama
Deed Tax: \$277.00



The real property described above is conveyed subject to and with the benefit of: All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behalf of the grantees forever.

Prior instrument reference:

Leist claim Deed

Executed by the undersigned on _____, 2015:

Jean Allarde

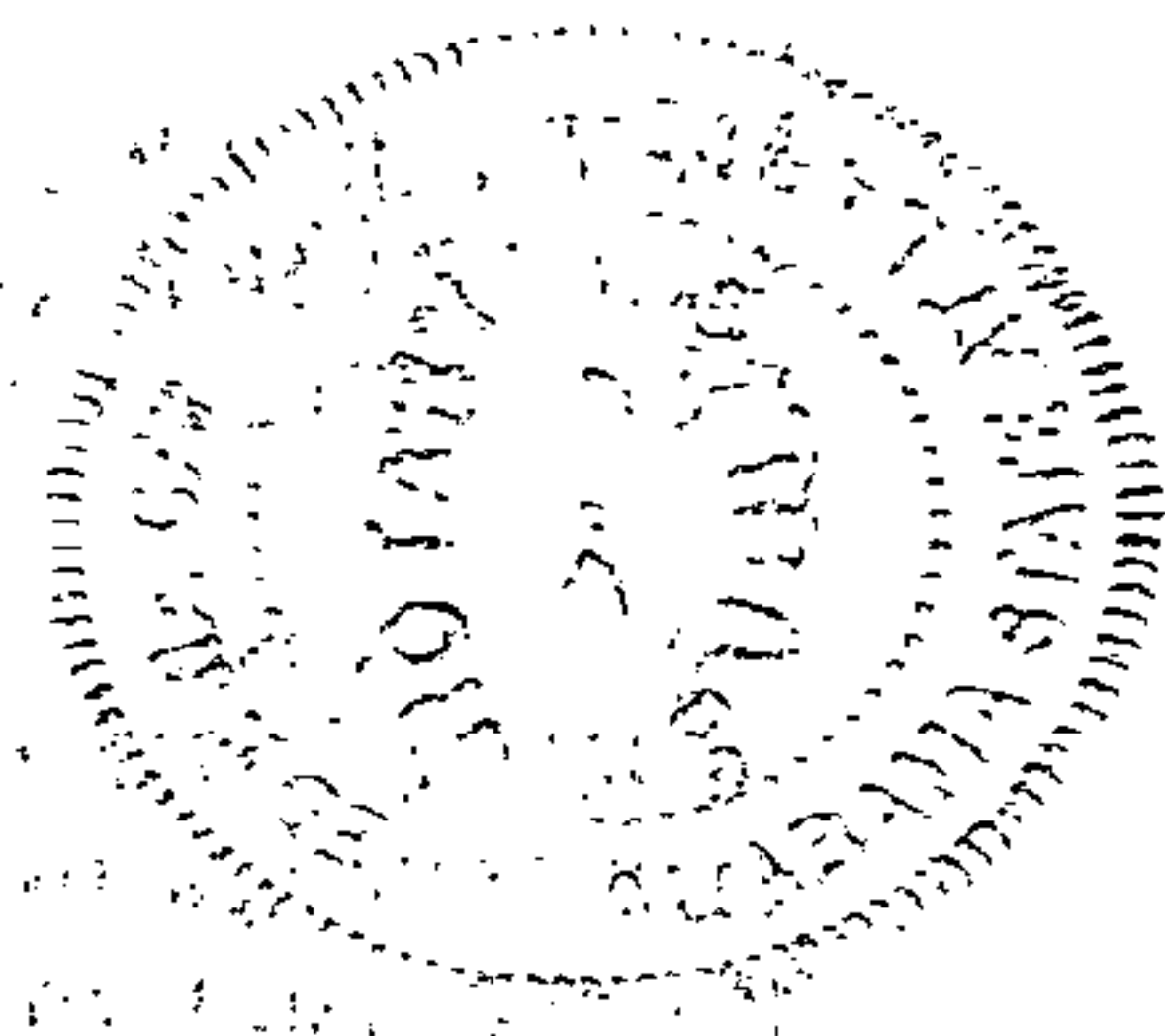
Jean Allarde

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for the aforesaid County and State, hereby certify that **Jean Allarde** whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this date that, being informed of the contents of the conveyance, he/she, executed the same voluntarily on the day the same bears date.

Given under my hand an official seal this 3 day of June, 2015.

Edwina R. Carls
Notary Public



Real Estate Sales Validation Form*This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1*

Grantor's Name JEAN ALLARDE
 Mailing Address 2115 CAHABA VALLEY RD
INDIAN SPRINGS, AL
35124

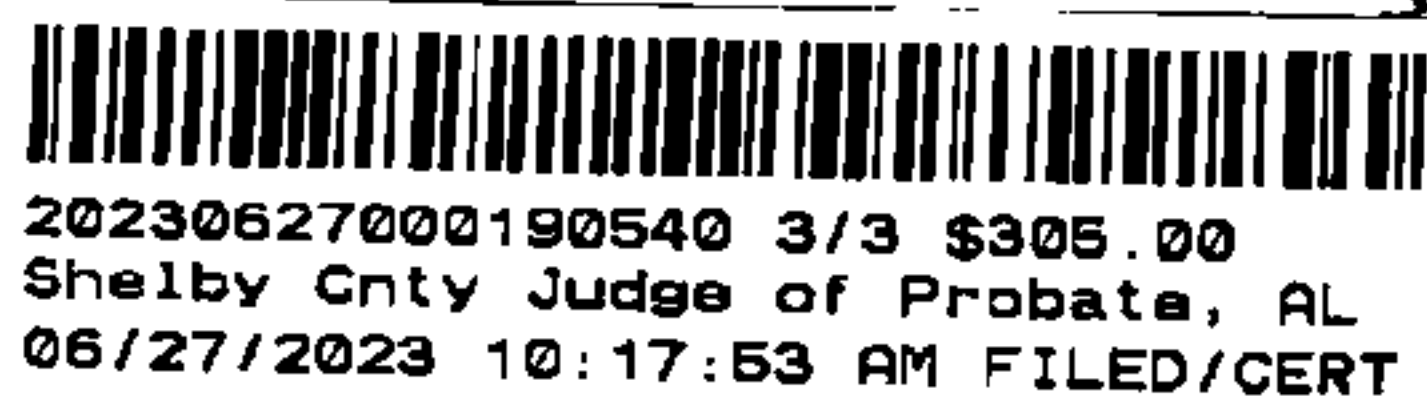
Grantee's Name RODOLFO CHRISTOPHER
 Mailing Address 2115 CAHABA VALLEY RD
INDIAN SPRINGS, AL
35124

Property Address 2115 CAHABA VALLEY RD
INDIAN SPRINGS, AL
35124

Date of Sale _____
 Total Purchase Price \$ _____

or
 Actual Value \$ _____

or
 Assessor's Market Value \$ 553,450



The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale
☐ Sales Contract
☐ Closing Statement

☐ Appraisal
☒ Other 1/2 interest \$276,725

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 6/27/2023

Print Rodolfo Christopher Allard

Unattested

(verified by)

Sign Rodolfo Christopher Allard
 (Grantor/Grantee/Owner/Agent) circle one

Filed and Recorded
 Official Public Records
 Judge of Probate, Shelby County Alabama, County
 Clerk

Form RT-1



Shelby County, AL
 12/18/2023 08:04:10 AM
 \$55.80 BRITTANI
 20231218000361670

Allen S. Byrd