20240207000030950 02/07/2024 02:35:25 PM UCC1 1/3



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)					
MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226					
		HE ABOVE SPACE I	S FOR FILING OFFICE U	JSE ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex	act, full name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the I	ndividual Debtor's	
name will not fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and professional fit in line 1b, leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave all of item 1 blank, check here and leave and leave all of item 1 blank, check here and leave	ovide the Individual Debtor information in item 1	0 of the Financing State	ement Addendum (Form UC	C1Ad)	
1b. INDIVIDUAL'S SURNAME PHARRIS	FIRST PERSONAL NAME WILLIS	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 134 CARRIAGE DR	CITY MAYLENE	STATE AL	POSTAL CODE 35114	COUNTRY USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide one Debtor name (2a or 2b) (use exname will not fit in line 2b) (u	ovide the Individual Debtor information in item 1	0 of the Financing Stat	ement Addendum (Form UC	CC1Ad)	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	R SECURED PARTY): Provide only <u>one</u> Secur	ed Party name (3a or 3	b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS 1200 6 TH AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral: HVAC Replacement, Heat Pump, Replaced existing system \$8935.00	with new,SP14AZ24AJ2NA,W14233	37211,Sure Comf	ort		
5. Check only if applicable and check only one box: Collateral is held in a	Trust (see UCC1Ad, item 17 and Instructions)	being administe	red by a Decedent's Person	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	A Debtor is a Transmitting Utility	Agricultural	Lien Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buy	er 🔲 Bailee/Bai	lor Licensee/Licen	nsor	
8. OPTIONAL FILER REFERENCE DATA: \$8935.00	Shelby County				

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

	C FINANCING STATEMENT ADDENDUN OW INSTRUCTIONS							
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	nent; if line 1b was left b	lank	1				
be	cause Individual Debtor name did not fit, check here							
	9a. ORGANIZATION'S NAME							
				-				
	9b. INDIVIDUAL'S SURNAME			1				
OR	PHARRIS							
	FIRST PERSONAL NAME							
	WILLIS							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
				T	HE ABOVE	SPACE IS FOR FILING	OFFICE USE ONLY	
	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor nam not omit, modify, or abbreviate any part of the Debtor's name) and enter th			r 2b of the I	Financing Sta	atement (Form UCC1) (us	e exact, full name;	
	a. ORGANIZATION'S NAME	ic maining address in ini	J 100					
10	b. INDIVIDUAL'S SURNAME							
OR -	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDORE OF IROTT ERCOTARE WAITE							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
10c. MA	ILING ADDRESS	CITY			STATE	POSTAL CODE 35114	COUNTRY	
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED I	PARTY'S NAME:	: Provide o	nly <u>one</u> name	e (11a or 11b)		
1	a. ORGANIZATION'S NAME							
OR -		T			T. = = . =		SUFFIX	
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NA	ST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		
11c. M A	ILING ADDRESS	CITY	•			POSTAL CODE	COUNTRY	
12. AE	DITIONAL SPACE FOR ITEM 4 (Collateral):							
		•						
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in		ANCING STATEMEN				7	
15 Na	REAL ESTATE RECORDS (if applicable) 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-ex	ktracted collateral	is filed as a fixture filing	
	Debtor does not have a record interest):	l '		Т#2016	0321000	088300 LEGAL DE	SCRIPTION: SEE	
		ATTACHE	.D					
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.

20240207000030950 02/07/2024 02:35:25 PM UCC1 3/3

Reli Settlement Solutions, LLC 3595 Grandview Parkway Suite 600 Birmingham, Alabama 35243

Send tax notice to:

BHM1600145

Willis Lee Pharris, Jr.

Jade Pharris

134 Carriage Dr.

Maylene, AL 35114

This instrument prepared by: S. Kent Stewart Stewart & Associates, P.C. 3595 Grandview Pkwy, #645 Birmingham, Alabama 35243

State of Alabama County of Shelby

20160321000088300 03/21/2016 11:10:24 AM

DEEDS 1/3

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of One Hundred Forty Five Thousand and 00/100 Dollars (\$145,000.00) in hand paid to the undersigned, Adam C. Nixon and Elizabeth S. Nixon, husband and wife (hereinafter referred to as "Grantors"), by Willis Lee Pharris, Jr. and Jade Pharris (hereinafter referred to as "Grantees"), the receipt and sufficiency of which are hereby acknowledged, Grantors do, by these presents, grant, bargain, sell, and convey unto Grantees, as joint tenants with right of survivorship, the following

described real estate situated in Shelby County, Alabama, to-wit:

Lot 11, according to the Survey of Carriage Hills, Phase II, as recorded in Map Book 13, Page 129, in the Probate Office of Shelby County, Alabama.

SUBJECT TO:

ADVALOREM TAXES DUE OCTOBER 01, 2016 AND THEREAFTER.
BUILDING AND SETBACK LINES, RESTRICTIONS, COVENANTS AND CONDITIONS OF RECORD.

MINING AND MINERAL RIGHTS EXCEPTED.

Elizabeth S. Nixon and Elizabeth Sorrow Nixon are one and the same person.

\$142,373.00 OF THE CONSIDERATION AS WAS PAID FROM THE PROCEEDS OF A MORTGAGE LOAN.

TO HAVE AND TO HOLD to Grantees, as joint tenants, with right of survivorship, their heirs, executors, administrators and assigns forever.

The Grantors do for themselves, their heirs and assigns, covenant with Grantees, their heirs, executors, administrators and assigns, that they are lawfully seized in fee simple of said premises; that they are free from all encumbrances except as noted above; that they have a good right to sell and convey the same as aforesaid; and that they will, and their heirs, executors, administrators shall warrant and defend the same to the said Grantees, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantors Adam C. Nixon and Elizabeth S. Nixon have hereunto set their signatures and seals on March 18, 2016.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/07/2024 02:35:25 PM
\$54.50 JOANN
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