20250502000131190 05/02/2025 09:34:09 AM UCC1 1/2



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					
1 DERTOP'S NAME: Provide only one Debter name (1e or 1b) (yes			IS FOR FILING OFFICE U		
1. DEBTOR'S NAME : Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here and					
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME PASCHEL	FIRST PERSONAL NAME LELIA	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 361 SUMMERCHASE DRIVE	CALERA	STATE	POSTAL CODE 35040	COUNTRY USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here and					
2a. ORGANIZATION'S NAME					
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 ASSIGNATION'S NAME ALABAMA POWER COMPANY	NOR SECURED PARTY): Provide only <u>one</u> Secu	red Party name (3a or 3	3b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX	
3c. MAILING ADDRESS 1200 6 TH AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY	
4. COLLATERAL: This financing statement covers the following collatera	l:	!	•		
HVAC Replacement, Heat Pump, Installed new system in home., PH14NB030-A OUTDOOR PF4MNB031 INDOOR, 5018X20517 OUTDOOR 1818F43812 INDOOR, Payne \$4320.00					
5. Check only if applicable and check only one box: Collateral is held in	n a Trust (see UCC1Ad, item 17 and Instructions)	being administe	red by a Decedent's Person	al Representative	
			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/Buyer Bailee/Bailor Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA: \$4320.00 Shelby County					

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

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 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME PASCHEL FIRST PERSONAL NAME LELIA ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
Decause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME PASCHEL FIRST PERSONAL NAME LELIA			
9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME PASCHEL FIRST PERSONAL NAME LELIA			
OR PASCHEL FIRST PERSONAL NAME LELIA			
OR PASCHEL FIRST PERSONAL NAME LELIA			
LELIA			
ADDITIONAL NAME(S)/INITIAL(S)			
ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OF			
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 example)	act, full flatfic,		
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			
OR INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
10c. MAILING ADDRESS CITY STATE POSTAL CODE 35040	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)			
11a. ORGANIZATION'S NAME			
OR 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):			
	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): Source of Title: Inst# 20050912000470240. Legal Description: Lot#:59 Book:26 Pg:111 Sub:SUMMERCHASE PHASE 4. Owner: Walter Paschel and Lelia Pa			
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.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/02/2025 09:34:09 AM
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