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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | | | | | | | | | |
|--|---|-----------------------------|--|-------------------------------|-------------------|--|--|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (option | nal) | | | | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Ad | ddress) | | | | | | | | |
| MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226 | | | | | | | | | |
| | | | HE ABOVE SPACE IS | S FOR FILING OFFICE U | ISE ONLY | | | | |
| 1. DEBTOR'S NAME: Provide only <u>one</u> Debtor na | me (1a or 1b) (use exact, full name; do not omit, r | | | | | | | | |
| name will not fit in line 1b, leave all of item 1 blank, c | heck here and provide the Individual Debtor i | nformation in item 10 | of the Financing State | ment Addendum (Form UC | C1Ad) | | | | |
| 1a. ORGANIZATION'S NAME | | | | | | | | | |
| 1b. INDIVIDUAL'S SURNAME ARGUETA | FIRST PERSONAL NAM HECTOR | FIRST PERSONAL NAME HECTOR | | NAME(S)/INITIAL(S) | SUFFIX | | | | |
| 1c. MAILING ADDRESS 361 SAMFORD ST | CITY MONTEVALLO | | | POSTAL CODE 35115 | 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) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | | | | | | | | |
| | | | | | | | | | |
| 2c. MAILING ADDRESS | CITY | CITY | | POSTAL CODE | COUNTRY | | | | |
| 3. SECURED PARTY'S NAME (or NAME of AS 3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY | SIGNEE of ASSIGNOR SECURED PARTY): Pro | vide only <u>one</u> Secure | ed Party name (3a or 3 | b) | | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAM | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | | | | |
| 3c. MAILING ADDRESS 1200 6 TH AVE N | CITY BIRMINGHAM | | | POSTAL CODE 35203 | COUNTRY | | | | |
| 4. COLLATERAL: This financing statement covers the | following collateral: | | | | | | | | |
| HVAC Replacement, Heat Pump, Installation \$6500.00 | of new 3 tons heatpump package ur | nit in place of ex | kisting.,GPHM336 | 31,2508313173,Goo | odman | | | | |
| 5. Check only if applicable and check only one box: Colla | ateral is held in a Trust (see UCC1Ad, item 1 | 7 and Instructions) | being administer | ed by a Decedent's Person | al Representative | | | | |
| Sa. Check <u>only</u> if applicable and check <u>only</u> one box: | | | 6b. Check only if applicable and check only one box: | | | | | | |
| Public-Finance Transaction Manufactured | I-Home Transaction | itting Utility | Agricultural I | _ien | 9 | | | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): | Lessee/Lessor | Seller/Buy | er 🔲 Bailee/Bail | or Licensee/Licer | nsor | | | | |
| 8. OPTIONAL FILER REFERENCE DATA: \$6500.00 | 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 Staten | nent; if line 1b was left | blank | | | | |
| be | cause Individual Debtor name did not fit, check here | | | | | | |
| | 9a. ORGANIZATION'S NAME | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | 9b. INDIVIDUAL'S SURNAME | | | | | | |
| OR | ARGUETA | | | | | | |
| | FIRST PERSONAL NAME | | | | | | |
| | HECTOR | | | | | | |
| | 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 name not omit, modify, or abbreviate any part of the Debtor's name) and enter the | | | r 2b of the F | Financing Sta | atement (Form UCC1) (us | e exact, full name; |
| | a. ORGANIZATION'S NAME | ie mailing address in ii | ile ibc | | | | |
| | | | | | | | |
| 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 35115 | COUNTRY |
| 11. | ADDITIONAL SECURED PARTY'S NAME or ASSIG | NOR SECURED | PARTY'S NAME | : Provide o | nly one nam | e (11a or 11b) | |
| 1 | a. ORGANIZATION'S NAME | | | | <u> </u> | , | |
| OR - | | | | | _ | | |
| | 11b. INDIVIDUAL'S SURNAME | | F PERSONAL NAME | | ADDITIONA | SUFFIX | |
| 11c MA | II ING ADDRESS | CITY | • | | STATE POSTAL CODE | | COUNTRY |
| 11c. MAILING ADDRESS CITY | | | | | | TOOTAL OODL | |
| 12. AE | DITIONAL SPACE FOR ITEM 4 (Collateral): | | | | | | |
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| | | | | | | | |
| 13. | This FINANCING STATEMENT is to be filed [for record] (or recorded) in | the 14. This FIN | IANCING STATEMEN | NT: | | | |
| | REAL ESTATE RECORDS (if applicable) | | vers timber to be cut | | covers as-ex | xtracted collateral | 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): Source of Title: Inst# 20190612000207530. Legal Description: See attached. Own | | | | | | See attached Owner | |
| Hector Argueta. | | | | | | ooc attached. Owner. | |
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| 17 MI | SCELLANEOUS: | | | | | | |
| ır. IVII | | | | | | | |

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.

20251008000311020 10/08/2025 03:20:27 PM UCC1 3/3



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
10/08/2025 03:20:27 PM
\$50.75 BRITTANI

20190612000207530 06/12/2019 01:22:13 PM DEEDS 1/5

alei 5. Beyl

Commitment Number: 170428096 Seller's Loan Number: 1461693860

This instrument prepared by:

20251008000311020

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: ServiceLink, LLC 1400 Cherrington Parkway Moon Township, PA 15108

Deed effective date 6-6-19

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER 362041001036

SPECIAL/LIMITED WARRANTY DEED

BUNGALOW SERIES F REO, LLC, whose mailing address is 314 S. Franklin Street, Titusville, PA 16354, hereinafter grantor, for \$97,000.00 (Ninety Seven Thousand Dollars and Zero Cents) in consideration paid, grants with covenants of special warranty to HECTOR ARGUETA, A MAN, hereinafter grantee, whose tax mailing address is 361 SAMFORD ST., Montevallo, AL 35115, the following real property:

THAT HOUSE AND LOT AT 361 SAMFORD STREET, MONTEVALLO, ALABAMA 35115, AT THE CORNER OF SAMFORD AND WHITE STREETS IN MONTEVALLO, ALABAMA, REFERRED TO AS LOTS 1 AND 2 OF BLOCK E OF A MAP OF SOUTH MONTEVALLO, DRAWN 09 FEBRUARY 1900 BY H C REYNOLDS AND W R REYNOLDS, ALA CE, AND RECORDED AT MAP BOOK 3, PAGE 41 IN THE SHELBY COUNTY ALABAMA PROBATE OFFICE, AND ALSO DESCRIBED IN INSTRUMENTS RECORDED AT DEED BOOK 296, PAGE 737 ON FEBRUARY 02, 1976 AND INSTRUMENT 93:728000221861, ON 28 JULY 1993 IN THE SHELBY COUNTY ALABAMA PROBATE OFFICE, Assessor's Parcel Number 36204100136 TAX ID: 362041001036

Property Address is: 361 SAMFORD ST., Montevallo, AL 35115

Prior instrument reference: Title was vested into Bungalow Series F REO, LLC by Quitclaim