20251030000332080 10/30/2025 08:06:42 AM 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					
			IS FOR FILING OFFICE U		
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exname will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide only one Debtor name (1a or 1b) (use expected in the line 1b, leave all of item 1 blank, check here ☐ and provide only one Debtor name (1a or 1b) (use expected in the line of the l					
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME GRACE	FIRST PERSONAL NAME RESHA	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 4426 HIGHWAY 36	CHELSEA	STATE AL	POSTAL CODE 35043	COUNTRY USA	
 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 p 2a. ORGANIZATION'S NAME 					
OR					
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	OR SECURED PARTY): Provide only <u>one</u> Secure	ed Party name (3a or 3	3b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS 1200 6 TH AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral:					
Heating and Cooling,A/C with Electric Heat Strips,Install out \$7470.00	t unit and Heater 4 TON,127TBO480	0,1724EO2387,B	ryant		
5. Check only if applicable and check only one box: Collateral is held in a 6a. Check only if applicable and check only one box:	rust (see UCC1Ad, item 17 and Instructions)		red by a Decedent's Person	•	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buy	er Bailee/Ba	ilor Licensee/Licer	nsor	
8. OPTIONAL FILER REFERENCE DATA: \$7470.00	Shelby County				
	INITEDNIATION	IAL ASSOCIATION	OF COMMERCIAL AD	MINISTRATORS/IACA)	

	C FINANCING STATEMENT ADDENDUN OW INSTRUCTIONS	1							
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								
OR	9b. INDIVIDUAL'S SURNAME GRACE								
	FIRST PERSONAL NAME RESHA								
			SUFFIX						
	ADDITIONAL NAME(S)/INITIAL(S)					THE ABOVE SPACE IS FOR FILING OF			FICE USE ONLY
10 D	 FRTOR'S NAME: Provide (10a or 10b) only one additional Debtor han	na or Dahtor nama	that did not fit in line	o 1h or 2k					
	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor nan not omit, modify, or abbreviate any part of the Debtor's name) and enter th			e 10 01 21	o or the r	-inancing Sta	atement (Form OCC I)	(use exact,	iuli name,
10	a. ORGANIZATION'S NAME								
	NE INTONICIO DE LO CUENTANTE								
	Db. INDIVIDUAL'S SURNAME								
OR -	INDIVIDUAL'S FIRST PERSONAL NAME								
	INDIVIDUAL OF INCOFF ENCOUNTE NAME								
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
10c. MA	ILING ADDRESS	CITY				STATE	POSTAL CODE 35043		COUNTRY
11 Г	ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECUR	ED PARTY'S N	ΙΔΜΕ· ο	rovida o	alv one name	/11a or 11b)		
11	a. ORGANIZATION'S NAME	THOIR OLOGIC		TAIVIL. I	TOVIGE O	ny <u>one</u> name	2 (11a of 11b)		
OR 1	b. INDIVIDUAL'S SURNA M E	FIRST PERSON.	AL NA M E			ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
11c. M A	ILING ADDRESS	CITY				STATE	POSTAL CODE		COUNTRY
12. A[DITIONAL SPACE FOR ITEM 4 (Collateral):								
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This	s FINANCING STAT	EMENT:	_			_	
	REAL ESTATE RECORDS (if applicable)		covers timber to be			covers as-ex	tracted collateral	is filed	as a fixture filing
	me and address of a RECORD OWNER of real estate described in item 1 Debtor does not have a record interest):		scription of real estat e_of_Title: !nst#		12000	0022100	Legal Description	n: See at	tached
·			rs: Resha Grac				Legal Description	n. Occ at	tacrica.
17. M	SCELLANEOUS:	I							

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.

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20251030000332080 10/30/2025 08:06:42 AM UCC1 3/3

EXHIBIT "A" LEGAL DESCRIPTION

Commence at the SW corner of the SW 1/4 of the NW 1/4 Section 1, Township 20 South, Range 2 West, thence run East along the South line of said 1/4-1/4 for 656.69 feet to the Easterly R/W of Shelby County Hwy 36 and the Point of Beginning; thence 65 degrees, 15' right run along said R/W 38.0 feet; thence 66 degrees, 00'10" left run 176.18 feet; thence 75 degrees, 30'30" left run 33.34 feet to the South line of said 1/4-1/4; thence 36 degrees 55'20" left run 119.56 feet; thence 69 degrees, 13'50" left run 200.00 feet to the Easterly R/W of said road; thence 112 degrees 20'10" left run along said R/W for 112.00 feet to the Point of Beginning, being situated in Shelby County, Alabama.

LESS AND EXCEPT property described in Instrument #: 20101202000403440, in the Probate Office of Shelby County, Alabama.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
10/30/2025 08:06:42 AM
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