

Shelby

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

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| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | No. of Additional Sheets Presented: <u>2</u>                                                                                                                                                                                                                                     | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |
| 1. Return copy or recorded original to:<br><b>Alabama Power Company</b><br><b>600 North 18th Street</b><br><b>Birmingham, Alabama 35291</b><br><br><b>Attention:</b><br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="text-align: right;">Inst # 2001-08975</div> <div style="text-align: right;">03/14/2001-08975<br/>10:31 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>35.25<br/>003 MEL</div> |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><b>KEVIN D. AKE</b><br><b>2024 SWEETGUM DRIVE</b><br><b>BHAM, AL 35214</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                  |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><b>BARBARA E. AKE</b><br><b>2024 SWEETGUM DRIVE</b><br><b>BHAM, AL 35214</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                  |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                  |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><b>Alabama Power Company</b><br><b>600 North 18th Street</b><br><b>Birmingham, Alabama 35291</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                  |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><b>The heat pump(s) and all related materials, parts, accessories and replacements thereto, located on the property described on Schedule A attached hereto.</b><br><b>AMANA</b><br><b>mod# RHE30A2A mod# RHE30A2B</b><br><b>ser# 9910156379 ser# 0011161679</b><br><b>For value received, Debtor hereby grants a security interest to Secured Party in the foregoing collateral.</b><br><b>Record Owner of Property:</b> _____ <b>Cross Index in Real Estate Records</b><br><br>Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.<br><br>5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="text-align: right;">5 0 0<br/>6 0 0</div><br>6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed.<br><br>7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <u>11,500.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____<br><br>8. <input checked="" type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)<br><br>Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6) |  |                                                                                                                                                                                                                                                                                  |                                                                                                               |

X [Signature]  
Signature(s) of Debtor(s)  
X [Signature]  
Signature(s) of Debtor(s)

\_\_\_\_\_  
Signature(s) of Secured Party(ies) or Assignee  
\_\_\_\_\_  
Signature(s) of Secured Party(ies) or Assignee

5021

This instrument was prepared by  
**Claude N. Moncus**  
 (Name) GRIFFIN, MONCUS & WARD, P.C.  
 (Address) 408 Shady Creek Place, Ste 100  
Birmingham, Alabama 35209

Send Tax Notice To: Kevin D. Ake  
 name  
2024 Sweetgum Drive  
 address  
Hoover, Alabama 35244

# WARRANTY DEED, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

STATE OF ALABAMA }  
Jefferson COUNTY } KNOW ALL MEN BY THESE PRESENTS.

That in consideration of ONE HUNDRED NINETY EIGHT THOUSAND FIVE HUNDRED AND NO/100-----  
DOLLARS (\$198,500.00)  
 to the undersigned grantor or grantors in hand paid by the GRANTEEES herein, the receipt whereof is acknowledged, we,  
Bobby A. Grigsby and wife, Joan S. Grigsby

(herein referred to as grantors) do grant, bargain, sell and convey unto Kevin D. Ake and wife, Barbara S. Ake

(herein referred to as GRANTEEES) as joint tenants with right of survivorship, the following described real estate situated in  
Shelby County, Alabama to-wit:  
Lot 408, according to the Survey of Eleventh Addition to Riverview Country  
Club, as recorded in Map Book 8, Page 160, in the Probate Office of Shelby  
County, Alabama.

Subject to existing easements, restrictions, set back lines, right of ways,  
 limitations, if any, of record and Ad Valorem taxes for the year 1996, which  
 said taxes are not due and payable until October 1st, 1996.

Inst # 1996-29519

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 HELM COUNTY JUDGE OF PROBATE  
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\$198,500.00 of the Purchase Price was paid from the proceeds of a mortgage recorded simultaneously herewith.

TO HAVE AND TO HOLD unto the said GRANTEEES as joint tenants, with right of survivorship, their heirs and assigns, forever, it being the intention of the parties to this conveyance, that (within the joint tenancy hereby created) is covered or terminated during the joint lives of the grantors herein, in the event one grantor hereinafter survives the other, the entire interest in the property shall pass to the surviving grantor, and if one dies, he survives the other, then the heirs and assigns of the grantor herein shall take no interest in same.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEEES, they heirs and assigns, that I (we) (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, which otherwise might affect; that I (we) have a good right to sell and convey the same in fee simple; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said GRANTEEES, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, we have hereunto set our hand(s) and seal(s), this 29th day of August, 19 96.

\_\_\_\_\_  
 (Seal)  
 \_\_\_\_\_  
 (Seal)  
 \_\_\_\_\_  
 (Seal)

Bobby A. Grigsby (Seal)  
Joan S. Grigsby by Bobby A. Grigsby (Seal)  
day in fact (Seal)

STATE OF ALABAMA  
Jefferson COUNTY

## General Acknowledgment

I, Claude N. Moncus, a Notary Public in and for said County, in said State, hereby certify that  
Bobby A. Grigsby and Joan S. Grigsby a married person  
 whose name(s) B.A.G. signed to the foregoing conveyance, and who B.A.G. known to me, acknowledged before me  
 on this day, that, being informed of the contents of the conveyance they executed the same voluntarily  
 on the day the same bears date.

(Given under my hand and official seal) this 29th day of August, A.D. 1996

Claude N. Moncus Notary Public  
 My Commission Expires: 12/28/99

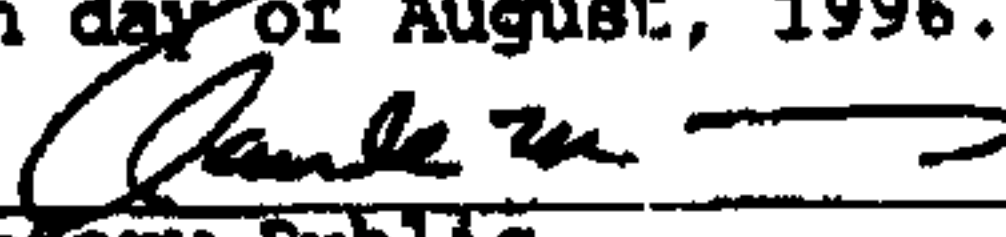
WITNES

## STATE OF ALABAMA

## COUNTY OF JEFFERSON

I, Claude M. Moncus, a Notary Public, in and for said County and in said State, hereby certify that BOBBY A. GRIGSBY whose name is signed as Attorney in Fact for JOAN S. GRIGSBY, is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he, in his capacity as such Attorney-In-Fact, and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand this the 29th day of August, 1996.

  
Notary Public

My Commission Expires:

12/28/99

Inst # 1996-29519

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SHELBY COUNTY JUDGE OF PROBATE  
JUL 96 22.00

Inst # 2001-08975

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