NAME & PHONE OF CONTACT AT FILER (optional)			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
· ·		-	
			-
		•	
	THE ABOV	E SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor	r name (1a or 1b) - do not abbreviste or combine names		
1a. ORGANIZATION'S NAME	•		
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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MAILING ADDRESS	CTTY	STATE POSTAL CODE	COUNTRY
10 10 MIGHWAY LO			
	ATION AT IL PROPERTION OF COCANIZATION	172 0009	
TAX ID # SSN OR EIN PADD'L INFO RE 18. TYPE OF ORGANIZATION	والمراج والمراج والمراج والمراجع	1g. ORGANIZATIONAL ID #, #	
TAX ID # SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR	ATION 11. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, #	<u> </u>
TAX ID # SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert	ATION 11. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, #	2e17
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TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INNOT DEBTOR'S NAME 20. INDIVIDUAL'S LAST NAME MAILING ADDRESS	ATION 11. JURISDICTION OF ORGANIZATION only prog debtor manne (2s or 2b) - do not abbreviate or con FIRST NAME Wena	1g. ORGANIZATIONAL ID #, if mbire names MIDDLE NAME Frost	SUFFIX
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ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME-insert 20. INDIVIDUAL'S LAST NAME SQUARES ANILING ADDRESS 18. TYPE OF ORGANIZATION CORGANIZATION CORGANIZATIO	ATION 11. JURISDICTION OF ORGANIZATION only one debtor marne (22 or 20) - do not abbreviate or con FIRST NAME ACTY Calera	Ig. ORGANIZATIONAL ID #, # minime names MIDDLE NAME Frost STATE POSTAL CODE AL 35046	SUFFIX
TAX ID # SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSORT 20. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME SQN OC S MAILING ADDRESS 1875 High way 23 TAX ID # SSN OR EIN ADD'LINFO RE 20. TYPE OF ORGANIZATION	ATION 11. JURISDICTION OF ORGANIZATION conty 1999 debtor manne (2s or 2b) - do not abbreviate or con FIRST NAME CITY Ca (e/a ATION 21. JURISDICTION OF ORGANIZATION	Ig. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY USA
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I 2 Ton Trane Package Heat Pump M# WCH 024 B100BC 5# 2164TBW3H 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR BAILEE/BAILOR SELLERBUYER CONSIGNEE/CONSIGNOR NON-UCCFILING AG. LIEN 6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)
[ADDITIONAL FEE] [optional] A# Debtors Debtor 1

8. OPTIONAL FILER REFERENCE DATA

_	والمراب والمراب المناسبة الأسورة الأسار والمراك فنهما لانوال والمراب	المتحدد المساخلة فيستان المساهد والمتحول والمساخر والمتحدد والمتحدد	ATED FINANCING STA	ATEMEN	T						
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OR 9	b. INDIVIDUAL'S LAST N	IAME	FIRS	TNAME	M	IDDLE NAME	SUFFD	d			
	Sanders			Tommy		Joe					
10. M	SCELLANEOUS:			~ /	<u> </u>						
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OR 11	b. INDIVIDUAL'S LAST	VAME		-,,	FIRST N	AME			MIDDLE	NAME	SUFFIX
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11a. M	AILING ADDRESS	<u></u>	· · · · · · · · · · · · · · · · · · ·		CITY	,,,,,			STATE	POSTAL CODE	COUNTRY
1d. TA	X ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	11a. TYF	E OF ORGANIZATION	11f.JUR	SDICTION OF	ORGA	NIZATION	11g. OR	SANIZATIONAL ID #, if a	ny
er en		DEBTOR			1						NON
12.	ADDITIONAL SECT		Sor	ASSIGNOR S/P'S	NAME	- insert only or	e name	(12a or 12b)	 		
'-	a. ORGANIZATION'S NA										
)R 12	b. INDIVIDUAL'S LAST	NAME	 _		FIRSTN	AME			MIDDLE	NAME	SUFFIX
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2c. M/	VILING ADDRESS	· <u>····································</u>	<u></u>		CITY				STATE	POSTAL CODE	COUNTRY
	فسنب مضموصف عرج برادامین ترافانی درا شوکند.				<u></u>						
			nicer to be	cut or as-extracted	16. Add	tional collatera	u descri	ption;			
4. De:	lateral, or is filed as a perception of real estate:	I many mang.									
The	real property de	scribed on th	e attac	hed deed.							
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	me and address of a RE Debtor does not have a n		200 ve-de 6	CUDEC 1951 921319				•			•
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		٠.			Deptor is	a Trust	or \square	rustee acting with n	espect to pr	operty held in trust or	Decadent's Estate
		3						rustee acting with n	والمراب المرابع والمرابع والمرابع	operty held in trust or	Decedent's Estate
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		• •			18. Chec	k only if applic	able an	d check only one bo	X.	operty held in trust or	Decedent's Estate

samford#

This instrument was prepared by	07/01/2002 10:37:00
(Name) Wallace, Ellis, Head & Fowler, Attorneys	**************************************
(Address) Columbiana, Alabama 35051	
Porm 1-1-5 Rev. 1-46 WARRANTY DEED, JOINTLY FOR LIFE WITH REMAINDER TO SURVIVOR-1	
SHELBY COUNTY KNOW ALL MEN BY TH	ese presents,
That in consideration of THREE THOUSAND, SEVEN HUNDRED	FIFTY AND NO/100 (\$3,750.00) DOLLARS
to the undersigned grantor or grantors in hand paid by the GRA Thomas Reid Lowery, an unmarried man	NTEES herein, the receipt whereof is acknowledged, we,
(herein referred to as grantors) do grant, bargain, sell and convey	
Tommy Joe Sanders and wife, Nena Frost San (herein referred to as GRANTEES) for and during their joint lives of them in fee simple, together with every contingent remainder and	and upon the death of either of them, then to the survivor right of reversion, the following described real estate situated
in	nty, Alabama to-wit:
That part of the 5½ of the NE½ of the SW½ of West lying North and West of Shelby County more or less.	of Section 13, Township 22, Range 3 Highway No. 23, containing 2.5 acres,
Subject to easements and rights of way of	record.
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TO HAVE AND TO HOLD to the said GRANTEES for and then to the survivor of them in fee simple, and to the heirs and as	
remainder and right of reversion. And I (we) do for myself (ourselves) and for my (our) heirs, exe	
their heirs and assigns, that I am (we are) lawfully seized in fee simunless otherwise noted above; that I (we) have a good right to sell an heirs, executors and administrators shall warrant and defend the same	d convey the same as aforesaid; that I (we) will and my (our) ne to the said GRANTEES, their heirs and assigns forever,
against the lawful claims of all persons. IN WITNESS WHEREOF, L. have hereunto set	hand(s) and seal(s), this. 21st
hay of February 19 83	
WITNESS: WITNESS: Med Ay 400	Thomas Reid Lowery) (Seal) (Seal)
1083 JUN 27 AM 8: 14	(Seal)
Seal)	
JUNE CO	-
STATE OF ALABAMA SHELBY COUNTY	General Acknowledgment
I, the undersigned hereby certify that Thomas Reid Lowery,	an unmarried man
whose name	yance, and who known to me, acknowledged before me ce
on the day the same bears date. Given under my hand and official seal this	February A. D., 19 83.
Edgar D. Groat Rt. 1 Box 225	MALANTH Notary Public.
Calera Ela	