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Shelby Cnty Judge of Probate, AL
04/03/2007 02:00:39PM FILED/CERT

AMENDMENT TO OPEN-END CREDIT, FUTURE ADVANCE REAL ESTATE MORTGAGE AND SECURITY AGREEMENT

This Amendment (the "Amendment") is made and entered into on January 30, 2007, by and between John M Johnson, a single man, (hereinafter called the "Mortgagor", whether one or more) and First Commercial Bank (hereinafter called the "Mortgagee").

RECITALS

A. John M Johnson (hereinafter called the "Borrower", whether on or more) has (have) entered into an agreement entitled First Commercial Bank "Home Equity Line of Credit Agreement", executed by the Borrower in favor of the Mortgagee dated September 24, 2001 (the "Credit Agreement"). The Credit Agreement provides for an open-end line of credit pursuant to which the Borrower may borrow and repay, and reborrow and repay, amounts from the Mortgagee up to a maximum principal amount at any one time outstanding not exceeding the sum of One Hundred Fifty Thousand and Zero Cents--Dollars ($150,000.00) (the "Credit Limit").

B. The Mortgagor has executed in favor of the Mortgagee an Open – End Credit, Future Advance Real Estate Mortgage and Security Agreement (the "Mortgage") recorded in Inst # 2001/44610, in the Probate Office of Shelby County, Alabama. The Mortgage secures (among other things) all advances made by the Mortgagee to the Borrower under the Credit Agreement, or any extension or renewal thereof, up to a maximum principal amount at any one time outstanding not exceeding the Credit Limit.

C. The Borrower and the Mortgagor have requested that the Mortgagee change the Borrower/Mortgagor from John M Johnson and Lori S Johnson to John M Johnson.

D. The Mortgagee has required, as a condition to approving the request for the Amended Credit Limit, that the Mortgagor enter into this Amendment.

Except as specifically amended hereby, the Mortgage shall remain if full force and effect in accordance with its terms.

IN WITNESS WHEREOF, the parties have hereunto caused this instrument to be executed effective this 30th day of January, 2007.

_____(SEAL)
John M Johnson

_____(SEAL)

FIRST COMMERCIAL BANK
MORTGAGEE

BY: _____
Jennifer Cousins
ITS: Assistant Vice President

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04/03/2007 02:00:39PM FILED/CERT

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that John M Johnson whose names are signed to the foregoing amendment, and who are known to me, acknowledged before me on this day that, being informed of the contents of said amendment, have executed the same voluntarily on the day the same bears date.

Given under my hand and Official seal this 30th day of January, 2007.

(NOTARIAL SEAL) Melinda C. Flowers
Notary Public

My commission expires: _____

MELINDA C. FLOWERS
NOTARY PUBLIC
STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES SEPTEMBER 1, 2008
BONDED THRU NOTARY PUBLIC UNDERWRITERS

CORPORATE ACKNOWLEDGEMENT

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that Jennifer Cousins whose name as Assistant Vice President of First Commercial Bank, a corporation, is signed to the foregoing amendment, and who is known to me, acknowledged before me on this day that, being informed of the contents of said amendment, (s)he, as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

Given under my hand and Official seal this 30th day of January, 2007.

(NOTARIAL SEAL) Melinda C. Flowers
Notary Public

My commission expires: _____

MELINDA C. FLOWERS
NOTARY PUBLIC
STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES SEPTEMBER 1, 2008
BONDED THRU NOTARY PUBLIC UNDERWRITERS

This instrument prepared by:
Name: Helen Ancic
First Commercial Bank
Address: P. O. Box 11746
Birmingham, Al 35202-1746

THE FRONT OF THIS DOCUMENT IS PINK • THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMA

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Shelby Cnty Judge of Probate, AL
04/03/2007 02:00:39PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME First: Lori Middle: Sewell Last: JOHNSON (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year) June 2, 2006	3. COUNTY OF DEATH Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Hoover 35242	5. INSIDE CITY LIMITS (Specify Yes or No) Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 5018 Castle Rock Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No	9. RACE—(Specify American Indian, Black, White, etc.) White	10. SEX Female
11. AGE 41 YRS.	12. UNDER 1 YEAR MOS. DAYS / UNDER 1 DAY HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) July 9, 1964	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) / College (1-4 or 5+) 4	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) John M. Johnson	18. Was Decedent ever in Armed Forces (Specify Yes or No) No
19. STATE OF BIRTH (If not in USA, name country) Alabama	20. RESIDENCE—STATE Alabama	21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Hoover 35242
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 5018 Castle Rock Drive	25. INFORMANT—Name and Address John M. Johnson 5018 Castle Rock Dr.; Hoover, AL 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker		27. KIND OF BUSINESS OR INDUSTRY Own Home	
28. FATHER—NAME First: Dr. Aubrey Middle: L. Last: Sewell		29. MAIDEN NAME OF MOTHER— First: Linda Middle: Last: Martin	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) June 6, 2006	32. CEMETERY OR CREMATORY—Name Tabernacle Methodist	33. LOCATION—(City or Town—State) Brownsville, Tennessee
34. FUNERAL HOME - Name and Address Ridout's Southern Heritage 475 Cahaba Valley Rd.; Pelham, AL 35124		35. FUNERAL DIRECTOR—Signature Randy Stonecypher	36. DATE SIGNED BY FUNERAL DIRECTOR 6/22/2006
37. — Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner — Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: Ronald Alvarez			38. DATE SIGNED (Month, Day, Year) 6/20/06
39. TIME AND DATE OF DEATH 1:50 pm 6-2-2006	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Dr. Ronald Alvarez	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) UAB, 619 South 19th Street, OHB 538, Birmingham, AL 35249			43. CERTIFIER LICENSE NUMBER AL 11426
44. REGISTRAR— Signature Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year) June 27, 2006

BURIAL CERTIFIER

MEDICAL CERTIFICATION

46. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ovarian Cancer

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF):

d.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

47. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. None

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

CAUSE

49. MANNER OF DEATH (Specify Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		50. AUTOPSY (Specify Yes or No) NO	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY M.
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT

SSN:

NAME OF DECEASED Lori Johnson

46.

49.

55.

This is a true and exact copy of the record on file with the Shelby County Health Department

Sheila Keller
Signature of Local Registrar

June 28, 2006
Date of Issue