

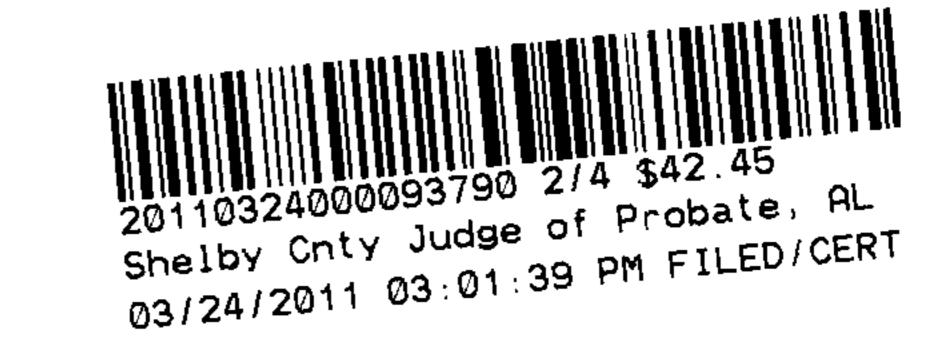


Shelby Chty Judge of Probate, AL 03/24/2011 03:01:39 PM FILED/CERT

## **UCC FINANCING STATEMENT**

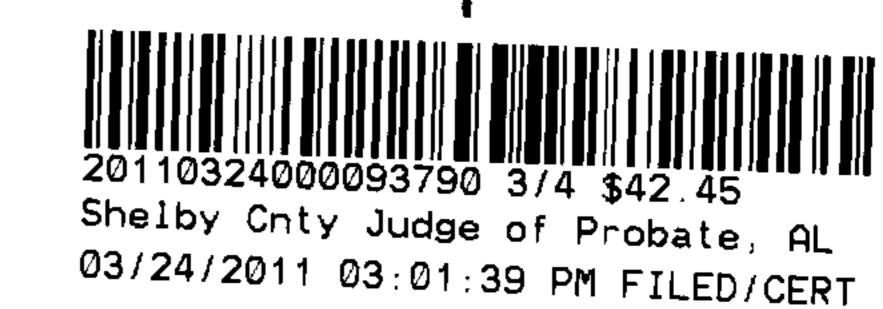
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY                                 |   |                                       |                          |                |
|--|---|---------------------------------------|--------------------------|----------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                 |   |                                       |                          |                |
| Janice Ruffin (205) 226-1902   |   |                                       |                          |                |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                  |   |                                       |                          |                |
| Alabama Power Company 600 North 18th Street Birmingham, Alabama 35203          |   |                                       |                          |                |
|  | THE ABOVE   | SPACE IS FO                           | R FILING OFFICE US       | E ONLY         |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name                |   | OTAGETOTO                             |                          |                |
| 1a. ORGANIZATION'S NAME  | (10 of 10) - do not abbieviate of combine names       | · · · · · · · · · · · · · · · · · · · |                          |                |
|  |   |                                       |                          |                |
| OR 1b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                                | NAME                     | SUFFIX         |
| Gilliland  | Robert  | l A                                   |                          |                |
| 1c. MAILING ADDRESS  | CITY  | STATE                                 | POSTAL CODE              | COUNTRY        |
| 216 Fairvieu Circle  | Montevallo  | AL                                    | 35115                    | US             |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION                |   |                                       | ANIZATIONAL ID #, if any |                |
| ORGANIZATION ' DEBTOR  | ·<br>   | i                                     |                          | NONE           |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only                     | one debtor name (2a or 2b) - do not abbreviate or com | bine names                            |                          | 140142         |
| 2a. ORGANIZATION'S NAME  |   |                                       |                          |                |
|  |   |                                       |                          |                |
| OR 2b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                                | NAME                     | SUFFIX         |
| Gilliland  | Elizabeth   | R.                                    |                          |                |
| 2c. MAILING ADDRESS  | CITY  | STATE                                 | POSTAL CODE              | COUNTRY        |
| 216 Fairvieu Circle  | Montevallo  | <b>A</b> 1                            | 35115                    | US             |
| 2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION            | 2f. JURISDICTION OF ORGANIZATION                      | 2g. ORG/                              | ANIZATIONAL ID #, if any | L              |
| ORGANIZATION DEBTOR  | ·   | ĺ                                     |                          | NONE           |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG                    | NOR S/P) - insert only one secured party name (3a or  | 3b)                                   |                          |                |
| 3a. ORGANIZATION'S NAME  |   |                                       |                          |                |
| Alabama Power Company  |   |                                       |                          |                |
| OR 3b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                                | NAME                     | SUFFIX         |
|  |   |                                       |                          |                |
| 3c. MAILING ADDRESS  | CITY  | STATE                                 | POSTAL CODE              | COUNTRY        |
| 600 North 18th Street  | Birmingham  | AL                                    | 35203                    | US             |
| 4. This FINANCING STATEMENT covers the following collateral:                   |   |                                       |                          |                |
| The following Heat Pump was installed at the resistatement:  Brand:     Styaat | dence located on the property descr                   | ibed in Item                          | #14 of this financ       | eing           |
| Model: 225bna036000 Mo   | del: 5/10e/3121                                       |                                       |                          |                |
| Serial: Serial   | ial:  |                                       |                          |                |
| Amount of indebtness is: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                |   |                                       |                          |                |
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR C                    | ONSIGNEE/CONSIGNOR BAILEE/BAILOR                      | SELLER/BU                             | YER AG. LIEN             | NON-UCC FILING |

| Ψ. | THE ELECTORY                        | 11014 [ii applicable].                                 | EEGOOK TOOMORNEE                         | DAIL!                                   |  | N MG. LIEN  |          | O FILING |
|----|-------------------------------------|--|--|---|--|-------------|----------|----------|
| 6. | This FINANCING STATE STATE RECORDS. | EMENT is to be filed [for record] (<br>Attach Addendum | or recorded) in the REAL [if applicable] | 7. Check to REQUEST SE [ADDITIONAL FEE] | ARCH REPORT(S) on Debtor(s) [optional] | All Debtors | Debtor 1 | Debtor 2 |
| 8. | OPTIONAL FILER REFERE               | ENCE DATA  |  |   |  |             |          |          |



| UCC FINANCING STATEMENT ADDENDU  | 03/24/2011 03:01:03                      |                         |                                       |                   |
|--|--|-------------------------|---------------------------------------|-------------------|
| OLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S             | STATEMENT                                |                         |                                       |                   |
| 9a. ORGANIZATION'S NAME  |  |                         |                                       |                   |
| OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME   | MIDDLE NAME, SUFFIX                      |                         |                                       |                   |
| Gilliland Robert   | A.                                       |                         |                                       |                   |
| 0. MISCELLANEOUS:  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         | ACE IS FOR FILING OFF                 | CE USE ONLY       |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only only only only only only only only                       | ne name (11a or 11b) - do not abbrevi    | ate or combine names    |                                       |                   |
| OR   |  |                         |                                       |                   |
| 11b. INDIVIDUAL'S LAST NAME  | FIRST NAME                               | MII                     | DDLE NAME                             | SUFFIX            |
| 11c. MAILING ADDRESS   | CITY                                     | ST                      | ATE POSTAL CODE                       | COUNTRY           |
|  |  |                         |                                       | US                |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION  | 11f. JURISDICTION OF ORGAN               | IIZATION 11g            | ORGANIZATIONAL ID #, if a             | any               |
| DEBTOR  12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/  | P'S NAME - insert only <u>one</u> name i | (12a or 12b)            | · · · · · · · · · · · · · · · · · · · | NONE              |
| 12a. ORGANIZATION'S NAME   | NAIVIE - Insert only one name i          | (12a or 12b)            |                                       |                   |
| OR 12b. INDIVIDUAL'S LAST NAME   | I DOOT NAME                              | 1141                    |                                       | - OUESIV          |
| 120. INDIVIDUAL S LAST MAIVIE  | FIRST NAME                               | IVII I                  | DDLE NAME                             | SUFFIX            |
| 12c. MAILING ADDRESS   | CITY                                     | ST                      | ATE POSTAL CODE                       | COUNTRY           |
| 2. This Figure Office Control of the bank of the bank of the said of   | 40 4 10 4 4 4                            |                         |                                       | US                |
| 13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing. | ed 16. Additional collateral descrip     | otion:                  |                                       |                   |
| 14. Description of real estate:  |  |                         |                                       |                   |
| The real property described on the attached deed:  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
| 5. Name and address of a RECORD OWNER of above-described real estate<br>(if Debtor does not have a record interest): |  |                         |                                       |                   |
|  |  |                         |                                       |                   |
|  | 17. Check <u>only</u> if applicable and  | check only one box.     |                                       |                   |
|  |  | -                       | t to property held in trust or        | Decedent's Estate |
|  | 18. Check only if applicable and         | check only one box.     |                                       |                   |
|  | Debtor is a TRANSMITTING                 |                         |                                       |                   |
|  | Filed in connection with a M             | ianutactured-Home Trans | saction — effective 30 years          |                   |

Filed in connection with a Public-Finance Transaction — effective 30 years



STATE OF ALABAMA)
SHELBY COUNTY }

## STATUTORY WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of TWO HUNDRED THOUSAND EIGHT HUNDRED FIFTY ONE AND NO/100 (\$200,851.00) to the undersigned GRANTOR in hand paid by the GRANTEES herein, the receipt whereof is acknowledged, M. BYRON CORPORATION (GRANTOR) does grant, bargain, sell and convey unto ROBERT A. GILLILAND and ELIZABETH R. GILLILAND (GRANTEES) as joint tenants with right of survivorship, the following described real estate situated in SHELBY COUNTY, ALABAMA to-wit:

Lot 21, according to the Survey of RIVERCHASE COVE, as recorded in Map Book 20, Page 109, in the Probate Office of Shelby County Alabama.

Subject to:

1. Taxes for the year 1997, and thereafter;

Building setback line of 10 feet, public easements and restrictions, limitations and conditions as set out in the Survey of Riverchase Cove recorded in Map Book 20, page 109;

Declaration of Protective Covenants, Agreements, Easements, Charges and Liens for Riverchase Residential Association recorded in Misc. Book 14, Page 536, and amended in Misc. Book 17, Page 550; Notice of Compliance Certificate recorded in Misc. Book 34, Page 549 and amended by Inst. No. 1994-05727;

Release of damages as set out in Item 9 of Inst. No. 1994-05727; Title to all minerals within and underlying the premises, together with all mining rights and other rights, privileges, immunities relating thereto including rights set out in Deed Book 127, Page 140 and Deed Book 129, Page 205; and

Declaration of Protective Covenants for Riverchase Cove as recorded simultaneously herewith as Inst. No. 1996-02164.

\$180750.00 OF THE CONSIDERATION WAS PAID FROM A MORTGAGE LOAN.

TO HAVE AND TO HOLD unto the said GRANTEES, as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the GRANTEES herein) in the event one GRANTEE herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the GRANTEES herein shall take as tenants in common.

GRANTEES understand that acceptance of this deed constitutes acceptance of all of the terms, conditions, obligations and rights of Developer as set forth in the Declaration of Protective Covenants for Riverchase Cove recorded in Inst# 1996-2164 and acknowledges prior receipt of same.

IN WITNESS WHEREOF, the said GRANTOR has caused this conveyance to be executed this the 25th day of JULY, 1997.

M. BYROM CORPORATION

7 de 2.

ROBERT A. GILLILAND

GRANTEES

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned, a Notary Public, in and for said County in said State, hereby certify that MARTY BYROM, whose name as President of M. BYROM

D8/D6/1997-24734
12:43 PM CERTIFIED
12:43 PM CERTIFIED
SHELBY COUNTY JUBGE OF PROBATE
002 NCD 31.50

05t # 1202

CORPORATION 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 said conveyance, 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 of office this 25th of JULY, 1997.

Notary Fubric Print Name: GENE W. GRAY, JR. My Commission Expires: 11/09/98



Shelby Cnty Judge of Probate, AL 03/24/2011 03:01:39 PM FILED/CERT

STATE OF ALABAMA JEFFERSON COUNTY

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that ROBERT A. GILLILAND and ELIZABETH R. GILLILAND whose names are signed to the foregoing conveyance and who are known to me, acknowledged before me on this day that, being informed of the contents of this conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal of office this 2579 day of July, 1997.

Notary Oblio
Print Name: GENEW. GRAY, JR.
My Commission Expires: 11/09/98

PREPARED BY:
GENE W. GRAY, JR.
2100 SOUTHBRIDGE PARKWAY,
SUITE 650
BIRMINGHAM, AL 35209

SEND TAX NOTICE TO:
Robert A Gilliland
Elizabeth R. Gilliland
1015 Riverchase Cove
Hoover, Al 35244
ID# 11-7-25-0-005-021

inst # 1997-24734

DB/D6/1997-24734
12:43 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 NCD 31.50