| CC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFU  . NAME & PHONE OF CONTACT AT FILER (optional) | LLY   |                               |                                       |
|--|---|-------------------------------|---------------------------------------|
| SEND ACKNOWLEGMENT TO: (Name & Address)  Alabama Power Company P.O. Box 129  Anniston, Al 36202                  | 07/0  | BOVE SPACE IS FOR FILING OFFI |                                       |
| EBTOR'S EXACT FULL LEGAL NAME - insert only one d  | ebtor name (1a or 1b) - do not abreviate or com | bine names                    | · · · · · · · · · · · · · · · · · · · |
| 1a. ORGANIZATION'S NAME  |   |                               |                                       |
| 1 b. INDIVIDUAL'S LAST NAME Wells  | FIRST NAME  John                                | MIDDLE NAME M.                | SUFFIX                                |
| : MAILING ADDRESS  | CITY  | STATE POSTAL CO               | i                                     |
| 6676 Highway 25  | Harpersville                                    | AI 35078                      | USA                                   |
| . TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR   | F ORGANIZATION 1f. JURISDICTION OF ORGANIZA     | TION 1g. ORGANIZATIONAL I     | ID, If any                            |
| 2a. ORGANIZATION'S NAME  2 b. INDIVIDUAL'S LAST NAME   | FIRST NAME                                      | MIDDLE NAME                   | SUFFIX                                |
| . MAILING ADDRESS  | CITY  | STATE POSTAL COI              | DE COUNTRY                            |
| . TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR   | F ORGANIZATION 2f. JURISDICTION OF ORGANIZA     | TION 2g. ORGANIZATIONAL       | ID, if any                            |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGN  | EE of ASSIGNOR S/P) - insert only one secured   | d party name (3a or 3b)       |                                       |
| 3a. ORGANIZATION'S NAME  |   |                               |                                       |
| Alabama Power Company 3 b. INDIVIDUAL'S LAST NAME  | FIRST NAME                                      | MIDDLE NAME                   | SUFFIX                                |
| . MAILING ADDRESS  | CITY  | STATE POSTAL CO               | DE COUNTRY                            |
| .O. Box 129 This FINANCING STATEMENT covers the following collateral:  | Anniston  | Al 36202                      |                                       |
| the following heat pump(s), which was installed tatement:  Installed 3.0 ton HP pkg unit M# 4wcc3036a10          |   |                               | this financing                        |
|  |   |                               |                                       |

| ME OF FIRST DEBTO  | front and back) CAREFUL<br>R (1a or 1b) ON RELAT  |                                       | ATEMENT   |  |           |                          |                                       |
|--|---|---------------------------------------|---|--|-----------|--------------------------|---------------------------------------|
| 9a. ORGANIZATION'S NAM                                   | ЛЕ<br>  |                                       |   |  |           |                          |                                       |
| 9b. INDIVIDUAL'S LAST NA                                 | •   | AME                                   | MIDDLE NAME SUFFIX  |  |           |                          |                                       |
| Wells  | John  |                                       | IVI.  |  |           |                          |                                       |
| MISCELLANEOUS:   |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   | 201307   | 709000    | 279020 2/6 \$44          | . 95                                  |
|  |   |                                       |   | Shelby   | / Cnty    | Judge of Proba           | ate, HL                               |
|  |   |                                       |   | 07/09/   | /2013     | 12:18:17 PM FII          | LED/OLN                               |
|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   | THE ABOVE S  | PACE I    | S FOR FILING OFF         | CE USE ONLY                           |
| DDITIONAL DEBTOR'S                                       | <del></del>   | IAME - insert only <u>one</u> i       | name(11a or 11b) - do not a   | bbreviate or combine   | e name    | S                        |                                       |
|  | · <del>- ·</del>  |                                       |   |  |           |                          |                                       |
| 11 b. INDIVIDUAL'S LAST NA                               | AME   |                                       | FIRST NAME  | М  | IIDDLE N  | IAME                     | SUFFIX                                |
| MAILING ADDRESS  |   | · · · · · · · · · · · · · · · · · · · | CITY  | 9  | TATE      | POSTAL CODE              | COUNTRY                               |
| MAILING ADDINESS   |   |                                       |   |  | - 7       |                          |                                       |
|  | ADD'L INFO RE 11e. TY ORGANIZATION  | PE OF ORGANIZATION                    | 11f. JURISDICTION OF ORGA   | NIZATION 11  | 1g. ORG   | ANIZATIONAL ID, if any   | · · · · · · · · · · · · · · · · · · · |
|  | DEBTOR  |                                       |   |  |           |                          | NC                                    |
| ADDITIONAL SECUR  12a. ORGANIZATION'S NAI                |   | IGNOR S/P'S NAME -                    | insert only <u>one</u> name (12a or 12b                                       | o)   |           |                          |                                       |
|  | , <b>,</b>  |                                       |   |  |           |                          |                                       |
| 12b. INDIVIDUAL'S LAST NA                                | AME   |                                       | FIRST NAME  | М  | IIDDLE N  | NAME                     | SUFFIX                                |
| * * · · · · · · · · · · · · · · · · · ·                  | <del></del>   |                                       |   |  | •         | · · · ·                  |                                       |
| MAILING ADDRESS  |   |                                       | CITY  | s  | TATE      | POSTAL CODE              | COUNTRY                               |
|  | <del></del>   | <del></del>                           |   |  |           |                          |                                       |
|  | NT covers Limber to be cu   | t or Las extracted                    | 16. Additional collateral descrip   | ption:   |           |                          |                                       |
| collatteral, or is filed as a                            | fixture filing.   |                                       |   |  |           |                          |                                       |
| Description of real estate.                              |   |                                       |   |  |           |                          |                                       |
|  | cribed on the attachers and the Alexandrian court of the |                                       |   |  |           |                          |                                       |
|  | y 20 / 10. po. o 1 o 7  |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
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|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
|  |   |                                       |   |  |           |                          |                                       |
| Name and address of a REC                                | ORD OWNER of above descr  | ribed real estate                     |   |  |           |                          |                                       |
|  | ORD OWNER of above-descretord interest.)  | ribed real estate                     |   |  |           |                          |                                       |
|  | •   | ribed real estate                     |   |  |           |                          |                                       |
|  | •   | ribed real estate                     | 17. Check only if applicable and Debtor is a                                  | <b>1</b>   | espect to | o property held in truet | Decedent's F                          |
|  | •   | ribed real estate                     |   | Trustee acting with r  | espect to | property held in trust   | or Decedent's E                       |
|  | •   | ribed real estate                     | Debtor is a Trust or  18. Check only if applicable and Debtor is a TRANSMITTI | Trustee acting with not check only one box.  NG UTILITY                      |           |                          | or Decedent's E                       |
| Name and address of a REC (if Debtor does not have a rec | •   | ribed real estate                     | Debtor is a Trust or 18. Check only if applicable and                         | Trustee acting with red check only one box.  NG UTILITY  Manufactured Home T | ransactio | on - effective 30 years  | or Decedent's E                       |

20090626000247520 1/4 \$83.50 Shelby Cnty Judge of Probate, AL 06/26/2009 12:08:10 PM FILED/CERT

Shelby County, AL 06/26/2009

State of Alabama Deed Tax : \$63.50

| After Recording RETTLEMENT SERVICES |
|-------------------------------------|
| SOOF TO CONTRACT OF VD.             |
|                                     |
| PITTSEURGH, PA 15235                |
|                                     |

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER: 17-2-09-0-000-028.000

## **QUITCLAIM DEED**

The value of the property is \$163,400.00

John M. Wells and Imogene Wells, a married couple and Douglas Wells, unmarried, hereinafter Grantors', of Shelby County, Alabama, for \$10.00 in consideration paid, grant and quitclaim to John M. Wells, hereinafter Grantee, whose tax mailing address is 36676 Highway 25, Harpersville, AL 35078, without covenants of any kind, all right, title, interest and claim to the following land in the following real property:

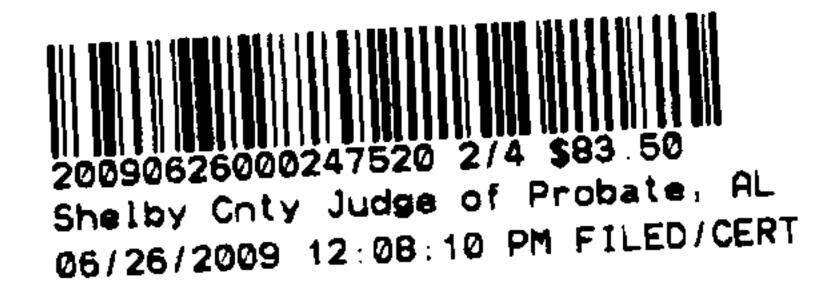
## SEE ATTACHED EXHIBIT A.

The real property described above is conveyed subject to and with the benefit of: All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

2009010354

20130709000279020 3/6 \$44.95 Shelby Cnty Judge of Probato O

Shelby Cnty Judge of Probate, AL 07/09/2013 12:18:17 PM FILED/CERT

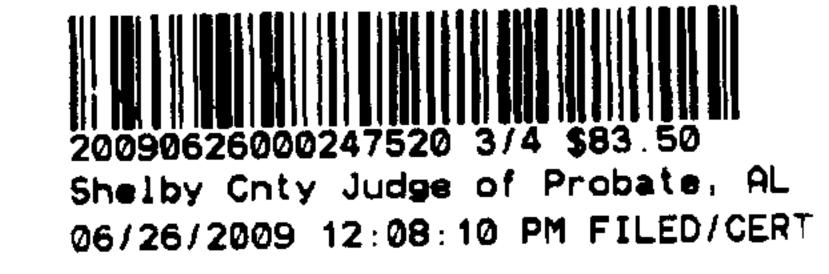


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TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining and all the estate, right, title interest, lien equity and claim whatsoever of the said Grantors', either in law or equity, to the only proper use, benefit and behalf of the Grantee forever.

Prior instrument reference: Instrument No. 20060316000122100

| Executed by the undersigned on $\frac{1}{2}$  | 20 <u>0</u> :7   |
|---|--|
| Jahren Welle Elmo   | sen Wells  |
| John M. Wells   | Wells  |
| Douglas Wells   |  |
| Douglas Weils   |  |
| STATE OF <u>Glabom 9</u><br>COUNTY OF <u>Shelby</u>   |  |
| The foregoing instrument was acknowledged who are personally known to me or have produced furthermore, the aforementioned persons have acknowledged that their voluntary act for the purposes set forth in this instrument. | before me on ne Wells and Douglas Wells,  signatures were their free and |
| Notary Public   |  |
| Grantee's Name and Address:   | Notary Public, State of Alabam   |
| John M. Wells   | James Stephens J   |
| 36676 Highway 25, Harpersville, AL 35078  | My Commission Expires January 25, 201                                    |
| Send tax statement to Grantee   |  |
| Grantors' Names and Address:  |  |
| John M. Wells, Imogene Wells and Douglas Wells  |  |
| 36676 Highway 25, Harpersville, AL 35078  |  |
|   |  |
| Send tax statement to Grantors  |  |
| 2m2   |  |
| This document prepared by:  | 20130709000279020 4/6 \$44.95<br>Shelby Cnty Judge of Probate, AL        |



Jay A. Rosenberg, Esq., Ross M. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 7367A E. Kemper Road, Cincinnati, Ohio 45249 (513) 247-9605 Fax: (866) 611-0170

20130709000279020 5/6 \$44.95

20130709000279020 5/6 \$44.95 Shelby Cnty Judge of Probate, AL 07/09/2013 12:18:17 PM FILED/CERT

Am W

The following described real estate, situated in Shelby County, Alabama, to-wit:

Begin at a point on the North line of the NW 1/4 of SW 1/4, Section 9, Township 20 South, Range 2 East, where the same is intersected by the East right of way line of Alabama Highway No. 25 and run thence East along the North line of said forty acres and along the North line of the NE 1/4 of the SW 1/4 of said Section, 416 feet, thence run in a Southerly direction and parellel with the East right of way line of said Highway 210 feet, thence run West and parallel with the North line of said forty acres 416 feet to the East right of way line of said Highway; thence run in a Northerly direction along said right of way of said Highway 210 feet to the point of beginning.

BEING KNOWN AS PARCEL NO. 17-2-09-0-000-028.000

WELLS
40174631
FIRST AMERICAN ELS
QUIT CLAIM DEED

WHEN RECORDED, RETURN TO:
EQUITY LOAN SERVICES, INC.
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
CLEVELAND, OHIO 44114
NATIONAL RECORDING - TEAM 1
NATIONAL RECORDING Per Client Request
Accommodation Recording Per Client

20090626000247520 4/4 \$83.50 Shelby Cnty Judge of Probate, AL 06/26/2009 12:08:10 PM FILED/CERT

20130709000279020 6/6 \$44.95

20130/090002/9020 6/6 \$44.95 Shelby Cnty Judge of Probate, AL 07/09/2013 12:18:17 PM FILED/CERT