

1. Debtor(s) (Last Name First) and address(es)  
**Inverness Family Medical  
 Center Partners, Ltd.  
 c/o Colonial Properties, Inc.  
 Colonial Center  
 1009 Montgomery Highway  
 Birmingham, Alabama 35216**

2. Secured Party (ies) and address(es)  
**State Mutual Life Assurance  
 Company of America  
 440 Lincoln Street  
 Worcester, Massachusetts 01605  
 Attn: Real Estate Investments**

3. Filing Officer (Date, Time, No., and  
 Filing Office)  
**STATE OF ALA. SHELBY CO.  
 I CERTIFY THIS  
 INSTRUMENT WAS FILED  
 1984 APR 20 AM 8:48**

18970

5. This financing statement covers the following types (or items) of property:

All articles of personal property now owned by Debtor or hereafter attached to and used in the operation of the real estate described as Lots 2 and 3 according to the survey of Colonial Properties Subdivision as recorded in Map Book 8 at page 138 of the Shelby County Probate Records, including, without limitation, all conduits, machinery, equipment, attachments, apparatus and appliances having to do with plumbing, sewerage, garbage disposal, ventilating, cooling, air conditioning, heating and lighting systems, all intercommunicating, vacuum and incinerating systems; and all other personal property

Complete only when filing with the Judge of Probate:

6. The initial indebtedness secured by this financing statement is \$ Exempt

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ None filed as additional security to mortgage

7. ☐ 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)

8. Check X if covered: ☐ Products of Collateral are also covered. 5.50

No. of additional sheets presented 1

9. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)

- ☐ already subject to a security interest in another jurisdiction when it was brought into this state.  
☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.

- ☐ which is proceeds of the original collateral described above in which a security interest is perfected.  
☐ acquired after a change of name, identity or corporate structure of debtor  
☐ as to which the filing has lapsed

Filed with: **Judge of Probate, Shelby County**

**INVERNESS FAMILY MEDICAL**

**CENTER PARTNERS, LTD.**

By Thomas H. Houch

Its G. H. Houch

Signature of Debtor

**STATE MUTUAL LIFE ASSURANCE  
 COMPANY OF AMERICA**

By State

Its State

Signature(s) of Secured Party (ies)

(Required only if filed without debtor's Signature—see Box 9)

(1) Filing Officer Copy — Alphabetical

# EXTENSION SHEET FOR UNIFORM COMMERCIAL CODE FINANCING STATEMENTS

STATE OF ALABAMA

TOTAL NUMBER OF SHEETS 2

attached to the improvements on said real estate (and all proceeds from the above personal property) and used in or about the operation of the building located on the aforesaid real estate; TOGETHER WITH any and all additions and accessions and replacements thereof, all proceeds or sums payable in lieu of or as compensation for the loss or damage to (i) any property covered hereby or (ii) the real property upon which the said property covered hereby is or may be located, and all rights in and to all pertinent present and future fire and/or hazard insurance policies, all awards made by any public body or decreed by any court of competent jurisdiction for a taking and rights of lessor in and to all leases now or hereafter affecting the said real property or any part thereof and/or all rental income, whether payable pursuant to any present or future lease or otherwise growing out of any occupancy or use thereof. Debtor is the owner of the real estate hereinabove described.

**INVERNESS FAMILY MEDICAL  
 CENTER PARTNERS, LTD.**

By Thomas H. Houch

Its G. H. Houch

DEBTOR

(1) Filing Officer Copy — Alphabetical

**STATE MUTUAL LIFE ASSURANCE  
 COMPANY OF AMERICA**

By State

Its State

SECURED PARTY

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-E  
 Approved by The Secretary of State of Alabama

JUDGE OF PROBATE

1984 APR 20 AM 8:48

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SHEET No.

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