145.50

THE STATE OF ALABAMA)
:
SHELBY COUNTY)

Memorandum of PCS Site Agreement

This memorandum evidences that a lease was made and entered into by written PCS Site Agreement dated OCTOBER 30, 1996, between **Glenda K. Payne** ("Owner") and Sprint Spectrum L.P., a Delaware limited partnership ("SSLP"), the terms and conditions of which are incorporated herein by reference.

Such Agreement provides in part that Owner leases to SSLP a certain site ("Site") located at **Hwy. 26,** County of **Shelby**, State of **Alabama**, within the property of Owner which is described in Exhibit A attached hereto, with grant of easement for unrestricted rights of access thereto and to electric and telephone facilities for a term of five (5) years commencing on OCTOBER 30, 1996, which term is subject to four (4) additional five (5) year extension periods by SSLP.

IN WITNESS WHEREOF, the parties have executed this Memorandum as of the day and year first above written.

"OWNER"

GLENDA K. PAYNE

By: Glenda K. Payne

Name: _____

Title: OWNER

☐ See Exhibit B1 for continuation of Owner signatures

Address: **544 Kent Dairy Road**
Alabaster, Alabama 35007

"SSLP"

Sprint Spectrum L.P., a Delaware limited partnership

By: _____

Name: **Stephen R. Chew**

Title: **Director of Engineering and Network Operations**

Address: **2090 Columbiana Road, Suite 3000**
Birmingham, AL 35216

Owner Initials G.K.P.

SSLP Initials _____

Attach Exhibit A - Site Description

This Instrument Prepared By:
D. Taylor Robinson
SBA, Inc.
631 Beacon Parkway West, Suite 103
Birmingham, AL 35209

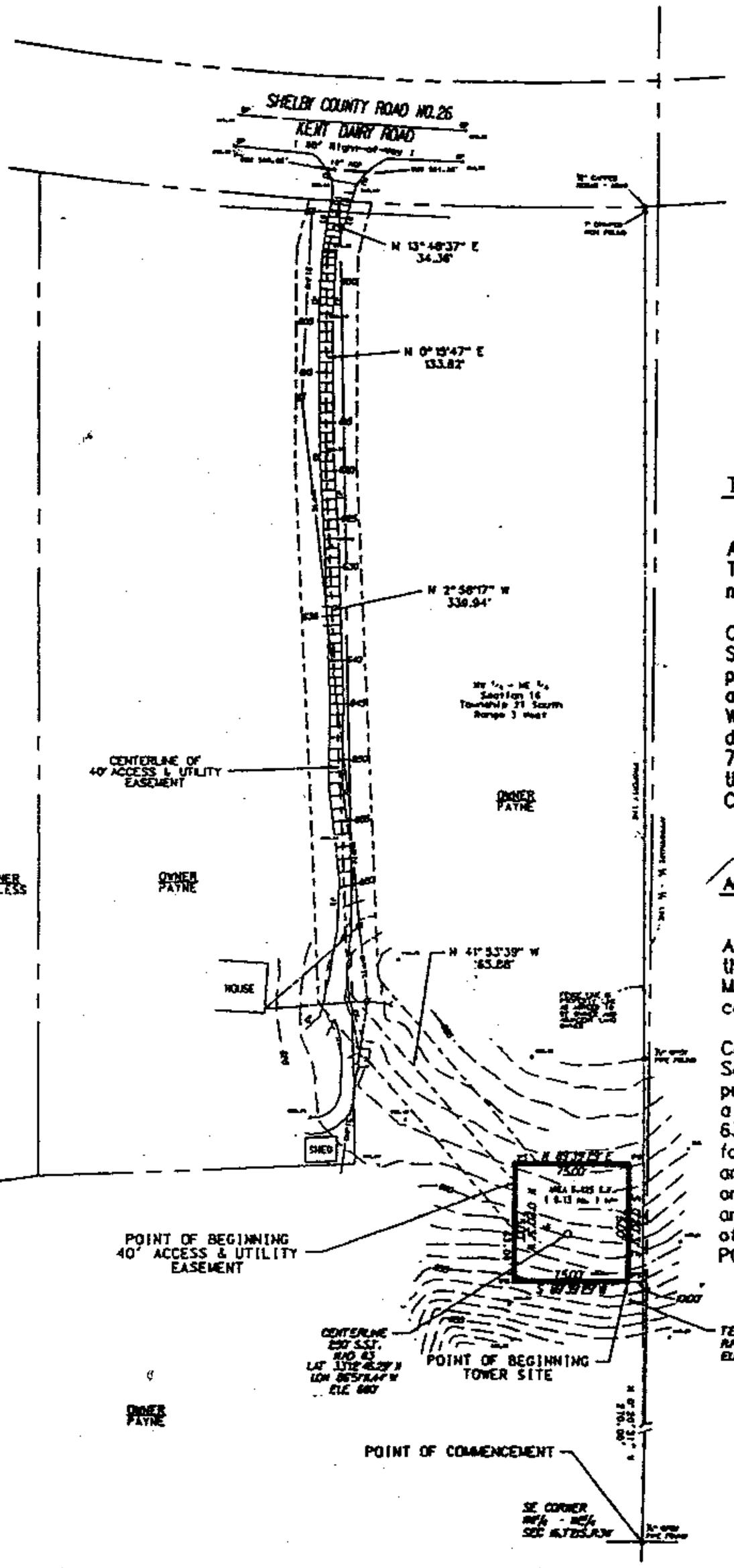
Inst # 1997-11182

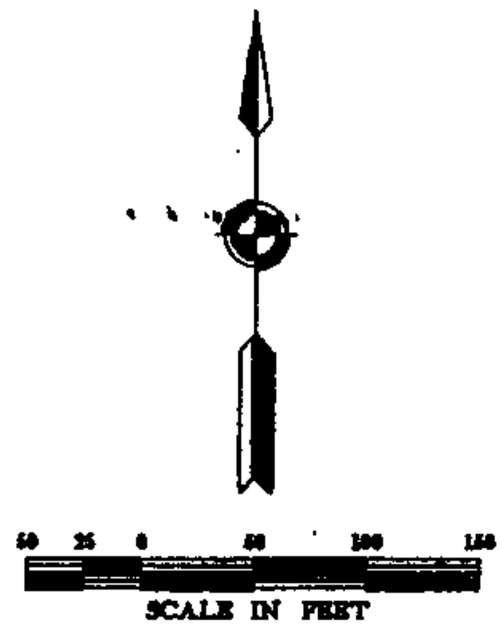
04/10/1997-11182
11:27 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 MEL 145.50

Inst # 1997-11182

EXHIBIT A*

Site Name: PAYNE(2) **Site Description** **Site I. D. : BIR-7453**





TOWER SITE:

A parcel of land situated in the Northwest Quarter of the Northeast Quarter of Section 16, Township 21 South, Range 3 West, Huntsville Meridian, Shelby County, Alabama, being more particularly described as follows:

Commence at the SE Corner of the NW¼ of the NE¼ of Section 16, Township 21 South, Range 3 West and run North 0° 20'31" West along the easterly line of the "PAYNE" property for a distance of 270.00 feet; thence angle left and run South 89° 39'29" West for a distance of 10.00 feet to the POINT OF BEGINNING; thence continue South 89° 39'29" West for a distance of 75.00 feet; thence angle right and run North 0° 20'31" West for a distance of 75.00 feet; thence angle right and run North 89° 39'29" East for a distance of 75.00 feet; thence angle right and run South 0° 20'31" East for a distance of 75.00 feet to the POINT OF BEGINNING.
Containing 5,625 Square Feet (0.13 Acres) more or less.

ACCESS AND UTILITY EASEMENT:

A strip of land 40 feet in width for access and utilities situated in the Northwest Quarter of the Northeast Quarter of Section 16, Township 21 South, Range 3 West, Huntsville Meridian, Shelby County, Alabama, lying 20 feet to either side of the following described centerline:

Commence at the SE Corner of the NW¼ of the NE¼ of Section 16, Township 21 South, Range 3 West and run North 0° 20'31" West along the easterly line of the "PAYNE" property for a distance of 270.00 feet; thence angle left and run South 89° 29'39" West for a distance of 85.00 feet; thence angle right and run North 0° 20'31" West for a distance of 63.08 feet to the POINT OF BEGINNING; thence angle left and run North 41° 53'39" West for a distance of 165.88 feet to a point in an existing paved driveway; thence angle right and run North 2° 58'17" West along said driveway for a distance of 339.94 feet; thence angle right and run North 0° 15'47" East for a distance of 133.82 feet; thence angle right and run North 13° 48'37" East for a distance of 34.36 feet to the southerly right-of-way line of Shelby County Road • 26 (KENT DAIRY ROAD) (an 80' right-of-way) and the ENDING POINT of this centerline.

Owner Initials G.K.P.

SSLP Initials MC

THE STATE OF ALABAMA)
:
SHELBY COUNTY)

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that **Glenda Payne, owner and Heir at Law of James L. Payne**, is signed to the foregoing Agreement and who is known to me, acknowledged before me on this day that, being informed of the contents of the said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN under my hand this the 17 day of October, 1996.

(NOTARIAL SEAL)

Julie A Rizzo
Notary Public

My Commission Expires: 12/15/99

STATE OF ALABAMA)
:
JEFFERSON COUNTY)

I, the undersigned authority, a Notary Public in and for said county in said state, hereby certify that **Stephen R. Chew**, whose name as **Director of Engineering and Network Operations of SPRINT SPECTRUM L.P.**, a Delaware Limited Partnership, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the said instrument, he, as such officer and with full authority, executed the same voluntarily for and as the act of said partnership.

GIVEN under my hand this the 30th day of October, 1996.

(NOTARIAL SEAL)

Cynthia L. Jenkins
Notary Public

My Commission Expires: April 1, 2000

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

Signature of Local Registrar

August 9, 1996
Date of Issue

04/10/1997-11182
11:27 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 MEL 145.50

Inst # 1997-11182

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)) James Luther PAYNE		2. DATE OF DEATH (Month, Day, Year) August 1, 1996	3. COUNTY OF DEATH Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007	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) Shelby Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) ER	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 Male
11. AGE 59 YRS.	12. UNDER 1 YEAR: MOS. DAYS / UNDER 1 DAY: HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) April 28, 1937	14. DECEASED'S SOCIAL SECURITY NUMBER [redacted]
15. EDUCATION (Specify Only Highest Grade Completed) Elementary or High School (0-12) 12 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Glenda Blankenship	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
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 Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 544 Kent Dairy Road	25. INFORMANT—Name and Address Glenda Payne 544 Kent Dairy Rd. Alabaster, AL35007	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Maintenance		27. KIND OF BUSINESS OR INDUSTRY Industrial Maintenance	
28. FATHER—NAME First Frank Middle Last Payne		29. MAIDEN NAME OF MOTHER— First Agnes Middle Last Kendrick	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) 8-3-96	32. CEMETERY OR CREMATORY—Name Shelby Memory Gdns.	33. LOCATION—(City or Town—State) Calera, AL.
34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O. Box 44 Montevallo, AL 35115		35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR 8-2-1996
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 X 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: Darrel Weaver			38. DATE SIGNED (Month, Day, Year) August 1 1996
39. TIME AND DATE OF DEATH Aug 1 1996 1930hrs	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) Darrel Weaver, M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1000 1st St No Alabaster AL 35007			43. CERTIFIER'S LICENSE NUMBER 14619
44. REGISTRAR—Signature Jonia Hardy	For State or County use only		45. DATE FILED (Month, Day, Year) August 9, 1996

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac MI	
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.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
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)	

CAUSE

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

ADPH-HS 2 Rev. 11 93