

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | No. of Additional Sheets Presented:                                                                                                                                                                                                                                                     | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |
| 1. Return copy or recorded original to:<br><br><b>Alabama Power Company</b><br><b>600 North 18th Street</b><br><b>Birmingham, Alabama 35291</b><br><br><b>Attention:</b><br><br>Pre-paid Acct. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><b>Inst # 1998-45667</b><br><b>11/17/1998-45667</b><br><b>01:23 PM CERTIFIED</b><br><b>SHELBY COUNTY JUDGE OF PROBATE</b><br><b>003 CBN 25.20</b>                                                     |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>Gillen, Cecil W.</b><br><b>155 Highway 313</b><br><b>Columbiana, AL 35051</b><br><br>Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><b>Gillen, Beatrice S.</b><br><b>155 Highway 313</b><br><b>Columbiana, AL 35051</b><br><br>Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                     |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><b>Alabama Power Company</b><br><b>600 North 18th Street</b><br><b>Birmingham, Alabama 35291</b><br><br>Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><b>The heat pump(s) and all related materials, parts, accessories and replacements thereto, located on the property described on Schedule A attached hereto.</b><br><br><b>Bryant Heat Pump</b><br><b>Model No. 664ANX04200</b><br><b>Serial No. 3898G42176</b><br><br><b>For value received, Debtor hereby grants a security interest to Secured Party in the foregoing collateral.</b><br><br><b>Record Owner of Property:</b><br><br><b>Cross Index in Real Estate Records</b><br><br>5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><b>500</b><br><b>600</b><br><br><input checked="" type="checkbox"/> Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.<br><br>6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |
| 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <b>4,750.00</b><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 8. <input checked="" type="checkbox"/> 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 owner in Box 5) |                                                                                                               |
| Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                         |                                                                                                               |

Cecil W. Gillen/  
Signature(s) of Debtor(s)  
**X** *Cecil W. Gillen*  
Signature(s) of Debtor(s)

Beatrice S. Gillen/  
Signature(s) of Secured Party(ies) or Assignee  
**X** *Beatrice S. Gillen*  
Signature(s) of Secured Party(ies) or Assignee



THIS INSTRUMENT WAS PREPARED WITHOUT EVIDENCE OF TITLE.

Shelby County Abstract & Title Co., Inc.  
P. O. Box 733 - Columbiana, Alabama 35051  
(205) 400-4040 (205) 400-4041 (205) 400-4042

SEND BY REGISTER

WITNESSES Cecil V. Gillen

This instrument was prepared by

Address 155 Hwy 313

Columbiana, Ala 35051

NAME Michael J. Archibald, Attorney at Law

Address P.O. Box 822 Columbiana, AL 35051

Form 1-2-64-100  
NOTARIAL PUBLIC, JOHN T. GIBBS, JR., SECRETARY OF STATE, ALABAMA

STATE OF ALABAMA

Shelby

COUNTY

KNOW ALL MEN BY THESE PRESENTS,

That in consideration of Eight Thousand and no/100

DOLLARS

to the undersigned grantor or grantors is here paid by the GRANTEE herein, the receipt whereof is acknowledged, to wit:

Herman L. Gillen and wife Lois Gillen

Deeds referred to as grantor or grantors do grant, bargain, sell and convey unto

Cecil V. Gillen and wife, Barbara S. Gillen

herein referred to as GRANTEE as joint tenants, with right of survivorship, the following described real estate situated in

Shelby

County, Alabama to-wit:

PARCEL 1:

Begin at the SW corner of the SE 1/4 of the SW 1/4 of the NW 1/4 of Section 14, Township 21 South, Range 2 West; thence run North along the West line thereof 105.47 feet; thence 92 degrees 05 minutes 41 seconds right run 267.61 feet; thence 108 degrees 26 minutes 49 seconds right run 114.27 feet; thence 100 degrees 18 minutes left run 150.15 feet to the westerly R/W of Shelby County Highway 313; thence turn 90 degrees 09 minutes 14 seconds right and run along said R/W 149.91 feet; thence 82 degrees 32 minutes 53 seconds right run 350.97 feet to the west line of the SW 1/4-SW 1/4-NW 1/4 of said section; thence run north along said west line thereof 169.1 feet to the Point of Beginning.

PARCEL 2:

Commence at the SW corner of the SE 1/4 of the SW 1/4 of the NW 1/4 of Section 14, Township 21 South, Range 2 West; thence run North along the West line thereof 105.47 feet; thence 92 degrees 05 minutes 41 seconds right run 267.61 feet to the Point of Beginning; thence turn 108 degrees 26 minutes 49 seconds right run 114.27 feet; thence 100 degrees 41 minutes 18 seconds 150.15 feet to the westerly R/W of Shelby County Highway 313; thence turn 87 degrees 13 minutes 53 seconds left run along said R/W 116.97 feet; thence turn 96 degrees 41 minutes 53 seconds left and run 135.04 feet to the Point of Beginning.

According to the survey of Thomas S. Simmons LS/ 12945, dated January 7, 1993.

Subject to restrictions, covenants and rights of way of record.

TO HAVE AND TO HOLD unto the said GRANTEE as joint tenants, with right of survivorship, their heirs and assigns, forever, a being the intention of the parties to this conveyance, that because the joint tenancy hereby created is severed or terminated during the joint lives of the grantors herein in the event one grantor herein survives the other, the entire interest in the above described premises, and if one does not survive the other, then the heirs and assigns of the grantor herein shall take as tenants in common.

And I hereby do hereby acknowledged and for my (our) heirs, successors, and administrators covenant with the said GRANTEE, their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises that they are free from all encumbrances, unless otherwise noted thereon; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) and my (our) heirs, successors and administrators shall warrant and defend the same to the said GRANTEE, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, this 16

day of DECEMBER 1993

WITNESSES:

\_\_\_\_\_ Seal

Herman L. Gillen

\_\_\_\_\_ Seal

Lois Gillen

\_\_\_\_\_ Seal

Lois Gillen

STATE OF ALABAMA

Shelby

COUNTY

I, the undersigned authority

a Notary Public in and for said County, in said State,

hereby certify that Herman L. Gillen and Lois Gillen

whose name 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 the foregoing, they executed the same voluntarily

on the day the same bears date.

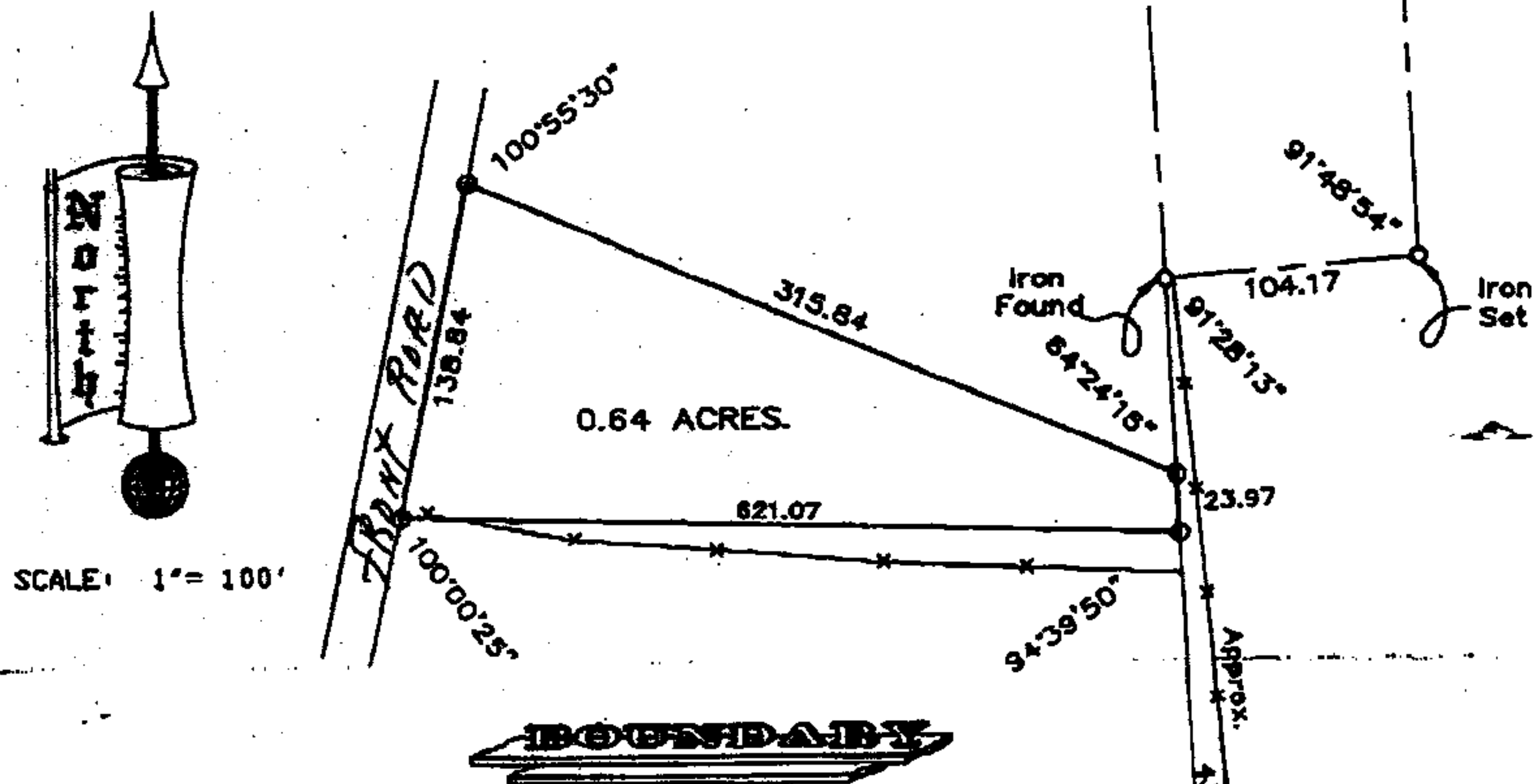
Given under my hand and official seal this 16 day of December, A.D. 1993

\_\_\_\_\_ Notary Public

12/16/1993-40404  
11:35 AM CERTIFIED  
JAMES M. GIBBS, JR.  
NOTARY PUBLIC

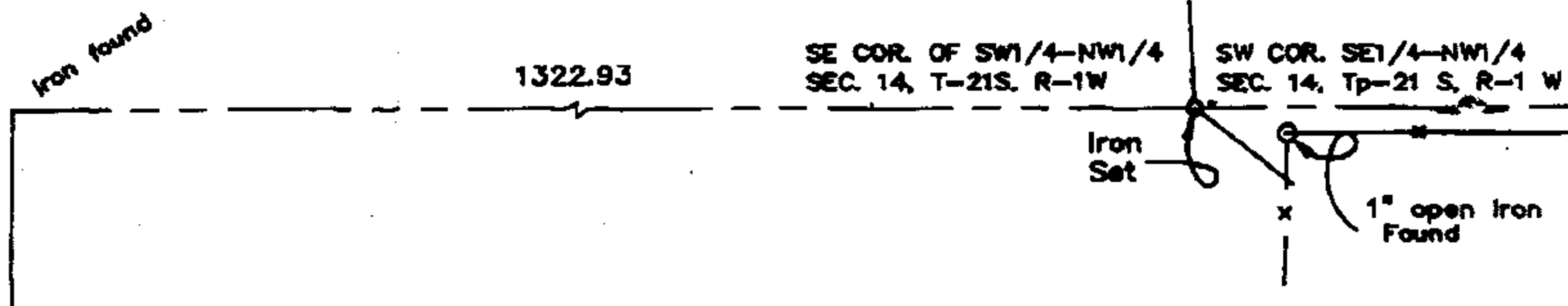
1993-40404





## DESCRIPTION:

Commence at the SE corner of the SW1/4 of the NW1/4 of Section 14, Township 21 South, Range 1 West; thence run North along the East line thereof for 330.00 feet to the Point of Beginning; thence continue last described course for 23.97 feet; thence  $64^{\circ}24'15''$  left run 315.84 feet to a Shelby County paved road; thence  $100^{\circ}55'30''$  left run Southwesterly along said road for 138.84 feet; thence  $100^{\circ}00'25''$  left run Easterly for 321.07 feet to the Point of Beginning.



STATE OF ALABAMA  
SHELBY COUNTY

I, THOMAS E. SIMMONS A REGISTERED LAND SURVEYOR OF ALABAMA DO HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT MAP OR PLAT OF THE AFORE DESCRIBED PROPERTY AND THAT ALL PARTS OF THIS SURVEY AND DRAWING HAVE BEEN COMPLETED IN ACCORDANCE WITH THE REQUIREMENTS OF THE MINIMUM TECHNICAL STANDARDS FOR THE PRACTICE OF LAND SURVEYING IN THE STATE OF ALABAMA.

ACCORDING TO MY SURVEY THIS 8TH DAY OF DECEMBER, 1993.

Inst # 1998-45667

|                                    |                        |                                                                                          |                                                                                           |
|------------------------------------|------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SIMMONS</b><br><b>SURVEYING</b> |                        | <br>THOMAS E. SIMMONS LS# 12945<br>P. O. BOX 895 PINSON, AL 35126<br>TEL: (205) 681-3879 | 11/17/1998-45667<br>01:23 PM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>003 CRN 25.20 |
| DRAFTSMAN:<br>TOM                  | DRAWING NO.:<br>614-93 |                                                                                          |                                                                                           |