

Shelby



20020802000361270 Pg 1/8 44.35  
Shelby Cnty Judge of Probate, AL  
08/02/2002 10:10:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

### 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	Tolleson		Betty	Marie		
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2737 Highway 42			Calera	AL	35040	USA
1d. TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

### 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

### 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 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	35291	USA

### 4. This FINANCING STATEMENT covers the following collateral:

The following heat pump, which was installed at the residence located on the property described in Item 14 of this financing statement:

1 3 1/2 Ton Janitrol Heat Pump  
M #s CPLJ42-1 / AR49-1  
S #s 0204532125 / 0205535692

\$2850.00

5. ALTERNATIVE DESIGNATION [if applicable]:		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]		<input type="checkbox"/> All Debtors		<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Tollerson	Betty	Marie

### 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

### 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

### 14. Description of real estate:

The real property described on the attached deed.

### 16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

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

THIS IS A CORRECTIVE DEED.

## SEND TAX NOTICE TO:

(Name) E. L. Tolleson, Jr.  
Rt. 2, Box 58  
 (Address) Calera, Alabama 35040

This instrument was prepared by

(Name) W. W. Conwell(Address) 2015 Second Avenue North, Birmingham, AL 35203

Form 1-1-27 Rev. 1-44

WARRANTY DEED—Lawyers Title Insurance Corporation, Birmingham, Alabama

STATE OF ALABAMA

SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of TEN AND NO/100 DOLLARS (\$10.00)

to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I  
 or we, R. A. Tolleson, S. L. Tolleson, Jr. and wife, Betty Tolleson,  
a single person,

(herein referred to as grantor, whether one or more), grant, bargain, sell and convey unto  
S. L. Tolleson, Jr.

(herein referred to as grantee, whether one or more), the following described real estate, situated in  
Shelby County, Alabama, to-wit:

All that part of the following described property lying  
East of Shelby County Highway No. 42:

The SW 1/4 of Section 1; the E 1/2 of SE 1/4 of Section 2;  
 the W 1/2 of SE 1/4 of Section 1; the E 1/2 of NE 1/4 of the  
 NW 1/4 of Section 12; All in Township 22, Range 2 West,  
 Shelby County, Alabama.

Also a tract of land of 2 1/2 acres in the NW 1/4 of  
 NE 1/4 of Section 12, Township 22, Range 2 West, described  
 as beginning at a point near the NE corner of said forty  
 acres and running nearly south to the public road, thence  
 west and parallel with said road 265 feet, thence north to  
 the north line of said forty, thence east to the point of  
 beginning.

THIS IS A CORRECTIVE DEED TO THAT CERTAIN DEED RECORDED  
 IN DEED BOOK 308, PAGE 7, PROBATE OFFICE OF SHELBY COUNTY,  
 ALABAMA, CORRECTING THE SPELLING OF THE GRANTORS' AND  
 GRANTEE'S NAME.

R. A. TOLLESON IS ONE AND THE SAME AS RUDOLPH ALTON TOLLESON.

TO HAVE AND TO HOLD to the said grantee, his, her or their heirs and assigns forever.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEES,  
 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 above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our)  
 heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever,  
 against the lawful claims of all persons.

IN WITNESS WHEREOF, WE have hereunto set OUR hands(s) and seal(s), this 28<sup>th</sup>  
 day of March, 1986.

(Seal)

(Seal)

(Seal)

R. A. Tolleson (Seal)

S. L. Tolleson, Jr. (Seal)

Betty Tolleson (Seal)

BETTY TOLLESON

STATE OF ALABAMA

JEFFERSON COUNTY

## General Acknowledgment

I, W. W. Conwell  
 hereby certify that R. A. Tolleson, a single person  
 whose name is signed to the foregoing conveyance, is known to me, acknowledged before me  
 on this day, that, being informed of the contents of the conveyance is executed the same voluntarily  
 on the day the same bears date.

Given under my hand and official seal this 28<sup>th</sup> day of March, A. D., 1986.

W. W. Conwell

Public

STATE OF ALABAMA, )

SHELBY COUNTY. )

I, T. Frank Hand, a Notary Public  
in and for said County, in said State, hereby certify that  
S. L. Tolleson and wife, Betty Tolleson, 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 the conveyance, they executed the same  
voluntarily on the day the same bears date.

Given under my hand and official seal this 1st  
day of April, 1986.

T. Frank Hand  
Notary Public

STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED

1986 APR -2 AM 8:43

T. Frank Hand  
JUDGE OF PROBATE

1. Deed Tax \$ Corrected - SEE AFFIDAVIT  
2. Mtg. Tax 5.00  
3. Recording Fee 2.00  
4. Indexing Fee 7.00  
TOTAL 14.00

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BOOK 066 PAGE 355

RETURN TO:

R. A. TOLLESON, S. L. TOLLESON,  
JR. and BETTY TOLLESON

TO

R. A. TOLLESON

WARRANTY DEED

STATE OF ALABAMA,  
County.

Judge of Probate

LAWYERS TITLE INSURANCE  
CORPORATION  
Title Insurance  
BIRMINGHAM, ALA.

DEED TAX \$  
RECORD FEE \$  
TOTAL \$

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

Signature of Local Registrar

Date of Issue

# ALABAMA

## CERTIFICATE OF DEATH

County  
File  
Number —

State File Number 101

1 DECEASED—NAME First Middle Last (Type last name & initials)			2 DATE OF DEATH (Month, Day, Year)		3 COUNTY OF DEATH	
Stephen Luther Tolleson Jr.			October 30, 1996		Shelby	
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5 INSIDE CITY LIMITS (Specify Yes or No)		6 PLACE OF DEATH—HOSPITAL, OF OTHER INSTITUTION—(If not in either, give street and number)	
Alabaster 35007			Yes		Shelby Baptist Medical Center	
7 IF HOSPITAL (Specify inpatient, ER or Outpatient, DOA)			8 OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		9 RACE—(Specify American Indian, Black, White, etc.)	
Inpatient			No		White	
10 SEX			11 AGE			
Male			72			
12 UNDER 1 YEAR			13 DATE OF BIRTH (Month, Day, Year)			
YES			February 14, 1924			
14 DECEASED'S SOCIAL SECURITY NUMBER			15 EDUCATION (Specify ON, * highest grade completed below)			
			Elementary or High School (10-12) College (1-4 or 5-)			
16 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)			17 SURVIVING SPOUSE (If wife, give maiden name)			
Married			Betty Marie Ratliff			
18 Was Deceased ever in Armed Forces? (Specify Yes or No)			19 STATE OF BIRTH (If not in USA, name country)			
Yes			Alabama			
20 RESIDENCE—STATE			21 COUNTY			
Alabama			Shelby			
22 CITY, TOWN, OR LOCATION AND ZIP CODE			23 INSIDE CITY LIMITS (Specify Yes or No)			
Calera 35040			No			
24 STREET AND NUMBER			25 INFORMANT—Name and Address			
2737 Hwy. 42			Betty Marie Tolleson			
26 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			27 KIND OF BUSINESS OR INDUSTRY			
Owner			Dairy Farm			
28 FATHER—NAME First Middle Last			29 MAIDEN NAME OF MOTHER—First Middle Last			
Stephen Tolleson			Essie Austin			
30 DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Dispose, Other)			31 DATE OF DISPOSITION (Month, Day, Year)			
Burial			Nov. 1, 1996			
32 CEMETERY OR CREMATORY—Name			33 LOCATION—(City or Town—State)			
Pinelawn Gardens			Columbiana, Alabama			
34 FUNERAL HOME—Name and Address			35 FUNERAL DIRECTOR—Signature			
Bolton-Brown Service			Dorrie S. Smith			
P.O. Box 1066, Columbiana, AL 35051			36 DATE SIGNED BY FUNERAL DIRECTOR			
			Nov. 5, 1996			
37 <input checked="" type="checkbox"/> 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."			38 DATE SIGNED (Month, Day, Year)			
<input type="checkbox"/> Medical Examiner <input type="checkbox"/> Coroner "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."			10/31/96			
Signature: <i>Thomas O. Paul, Jr.</i>						
39 TIME AND DATE OF DEATH			40 DATE AND TIME PRONOUNCED DEAD (For Coroner: M.E. use only)			
10/30/96 1235						
41 NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 45)			42 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			
THOMAS O. PAUL, JR. M.D.			1004 1st St. NW. ALABASTER, AL 35007			
43 CERTIFIER LICENSE NUMBER			44 REGISTRAR—Signature			
13046			Lottie S. Maxwell			
45 DATE FILED (Month, Day, Year)			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.			
November 8, 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 CONGESTIVE HEART FAILURE			YEARS	
b CORONARY ARTERY DISEASE			YEARS	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
c				
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 or No)	
49 MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)			50 AUTOPSY (Specify Yes or No)	
NATURAL CAUSE			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	
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)				

# Last Will and Testament

of

S. L. TOLLESON

STATE OF ALABAMA

SHELBY COUNTY

I, S. L. Tolleson, being of sound mind and disposing memory, and being aware of the uncertainty of life and the certainty of death, do hereby publish and declare this my last will and testament, and I hereby revoke all former and other wills and testamentary dispositions which might have been made by me at any time heretofore:

FIRST: I will and direct that my just debts and funeral expenses be paid as soon after my decease as conveniently may be done.

SECOND: I will, devise and bequeath unto my beloved wife, Betty Marie Tolleson, until her death or remarriage, whichever shall occur first, a life or possessory interest in all of my property and estate, real, personal or mixed, wheresoever situate of which I may die seized and possessed or to which I may be entitled at the time of my decease.

THIRD: Upon the death or remarriage of my said beloved wife, whichever shall occur first, or in the event she shall predecease me, then and in that event, I will, devise and bequeath 51% of all of my said property and estate, real, personal and mixed to my beloved son, Christopher Scott Tolleson, and the remaining 49% thereof, I will, devise and bequeath, share and share alike, to my remaining beloved children, namely, Marilyn Adcock, Stephen Tolleson, Randy Tolleson, and Renea Tolleson, share and share alike.

FOURTH: I hereby nominate and appoint my beloved wife, Betty Marie Tolleson, to be the sole executor of this my last will and testament, and direct that my said executor be exempt

SIGNED FOR IDENTIFICATION:


*S. L. Tolleson*

from giving an official bond, making an inventory, or accounting to any court whatsoever. In the event my said executor is unwilling or unable to serve as executor, I hereby nominate and appoint Christopher Scott Tolleson as executor(s) of this my last will and testament, and direct that said executor(s) be exempt from giving an official bond, making an inventory, or accounting to any court whatsoever.

I, the undersigned testator, sign my name to this instrument this 4<sup>th</sup> day of October, 1984, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

  
Testator

We, the undersigned witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testator signs and executes this instrument as testator's Last will and that testator signs it willingly, and that each of us, in the presence and hearing of the testator, hereby sign this Will as witness to the testator's signing, and that to the best of our knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

  
Witness

  
Witness

STATE OF ALABAMA     )  
SHELBY COUNTY        )

Subscribed, sworn to and acknowledged before me by  
S. L. Tolleson, the testator, and subscribed and sworn to before  
me by Lance Brasher and Barth Jackson,  
witnesses, this the 4th day of October, 1984.

Jack E. [Signature]  
Notary Public

S. L. Tolleson

SIGNED FOR IDENTIFICATION: