



| FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] | | | |
|---|--|--|---------------------------|
| D. OCNID ACIANOMA EDOMENTE TO: Aller Address | . , | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | <u></u> | | |
| | | | |
| | | • | |
| | | | |
| | THE ABOVE | SPACE IS FOR FILING OFFICE U | SE ONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1 | a or 1b) - do not abbreviate or combine names | | |
| 1a. ORGANIZATION'S NAME | | | |
| OR 16. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| BURKHALTER | CHARLES | | SUFFIX |
| 1c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| UB9 CARIBEAN (12. | ALABASTER | AL 35007 | 420 |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | |
| ORGANIZATION DEBTOR | 1 | | NON |
| | | | |
| <u></u> | debtor name (2a or 2b) - do not abbreviate or comb | oine names | |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME | debtor name (2a or 2b) - do not abbreviate or comb | oine names | |
| 2a. ORGANIZATION'S NAME | debtor name (2a or 2b) - do not abbreviate or comb | MIDDLE NAME | |
| 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME SURKHAUTER | | | |
| 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS | FIRST NAME NANCY CITY | MIDDLE NAME 30 STATE POSTAL CODE | SUFFIX |
| 28. ORGANIZATION'S NAME 28. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | FIRST NAME | MIDDLE NAME 30 STATE POSTAL CODE | SUFFIX |
| 28. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME SURHAUTER 2c. MAILING ADDRESS US 9 CARBEAN C.C. | FIRST NAME NANCY CITY ALABASTER | MIDDLE NAME JO STATE POSTAL CODE A L 3 S S | SUFFIX |
| 28. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION | FIRST NAME NANCY CITY ALAS ASTER 2f. JURISDICTION OF ORGANIZATION | MIDDLE NAME JO STATE POSTAL CODE A L 3 S S T 2g. ORGANIZATIONAL ID #, if any | COUNTRY |
| 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME | FIRST NAME NANCY CITY ALAS ASTER 2f. JURISDICTION OF ORGANIZATION | MIDDLE NAME JO STATE POSTAL CODE A L 3 S S T 2g. ORGANIZATIONAL ID #, if any | COUNTRY |
| 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME Alabama Power Company | FIRST NAME NANCY CITY ALAS ASTER 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3) | MIDDLE NAME JO STATE POSTAL CODE A L 3 S TO | SUFFIX COUNTRY USA NON |
| 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME | FIRST NAME NANCY CITY ALAS ASTER 2f. JURISDICTION OF ORGANIZATION | MIDDLE NAME JO STATE POSTAL CODE A L 3 S S T 2g. ORGANIZATIONAL ID #, if any | COUNTRY |
| 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME Alabama Power Company | FIRST NAME NANCY CITY ALAS ASTER 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3) | MIDDLE NAME JO STATE POSTAL CODE A L 3 S TO | SUFFIX COUNTRY USA NON |

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

3 TOW CARRIER SPUIT HEAT PUMP.

M#387 CC036.3

5# 2502E1168

5# 2102A63335

| | | # 4,000.°° |
|---|--|--|
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR | CONSIGNEE/CONSIGNOR BAILEE/BAILOR | SELLER/BUYER AG. LIEN NON-UCC FILING |
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum | in the REAL 7. Check to REQUEST SEARCH REPOR | T(S) on Debtor(s) Optional All Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | · · · · · · · · · · · · · · · · · · · | |



| | | | ENTADDENDUN | 7 | | | | | |
|------------|--|-------------------------------|--|-----------|--|----------------------|--|---------------------------------|-------------------|
| | NAME OF FIRST DEB | TOR (1a or 1b) | ON RELATED FINANCING ST | ATEME | NT | | | | |
| OR | | | · | | | | | | |
| | 9b. INDIVIDUAL'S LAST | | FIRST NAME | | MIDDLE NAME, SUFFIX | | | | |
| 10 | MISCELLANEOUS: | CIEIC | CHARLES | · | JEFFREY | | | | |
| | | | | | | THE ABOV | E SPACE | IS FOR FILING OF | FICE USE ONLY |
| 11. | ADDITIONAL DEBTO | R'S EXACT FUL | L LEGAL NAME - insert only one | name (11 | la or 11b) - do not abbre | viate or combine nan | nes | | TOP OSE ONE? |
| | 11a. ORGANIZATION'S N | AME | | | | | | | • |
| OR | 11b. INDIVIDUAL'S LAST I | NAME | ······································ | Ciper | ` N/A 6 45" | | ······································ | | |
| | , | 146-11441- | | FIRST | NAME | | MIDDLE | NAME | SUFFIX |
| 11c. | MAILING ADDRESS | . | · <u> </u> | CITY | | | STATE | POSTAL CODE | |
| | | | | | | | JOIAIC | I COLLE | COUNTRY |
| 11d. | TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION | 11e. TYPE OF ORGANIZATION | 11f. JU | RISDICTION OF ORGAI | NIZATION | 11g. ORG | SANIZATIONAL ID#, if | апу |
| | | DEBTOR | | | •••••••••••••••••••••••••••••••••••••• | | 1 | | NONE |
| 12. | ADDITIONAL SECTIONS | | S or ASSIGNOR S/P'S | NAME | E - insert only <u>one</u> name | (12a or 12b) | | | 1100102 |
| j | 12a. ORGANIZATION'S NA | NME: | | | | | | | - / / |
| OR | 12b. INDIVIDUAL'S LAST N | NAME | | FIRST | NAME | | TMIDDIE | 1444 | |
| | | | | | i Walter | | MIDDLE | NAME | SUFFIX |
| 12c. l | MAILING ADDRESS | | · · · · · · · · · · · · · · · · · · · | CITY | | <u> </u> | STATE | POSTAL CODE | COUNTRY |
| | | | | | | | | | |
| | his FINANCING STATEME | | ber to be cut or as-extracted | 16. Ad | ditional coliateral descrip | otion: | | | |
| c 14. p | collateral, or is filed as a secription of real estate: | fixture filing. | | | | | | | |
| | ne real property de | scribed on the | e attached deed. | | | | | | |
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| | | | | | | | | | • |
| 5. N | lame and address of a REC f Debtor does not have a re | CORD OWNER of all | bove-described real estate | | | | | | |
| (* | . Dogge does not have a te | cora interesty. | | | | | | | |
| | | | | | | | | | |
| | | | | 1 | ck only if applicable and | | | | |
| | | | j | Debtor is | | | | perty held in trust or | Decedent's Estate |
| | | • | | | ck only if applicable and | | • | | |
| | | | | | tor is a TRANSMITTING (| | *** ** | · · · · · · · · · · · · · · · · | |
| | | | | | in connection with a Ma | | | | |

Inst * 2001-43477

"CORRECTED"

WARRANTY DEED JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

| STATE OF ALABAMA | |
|------------------|--|
| COINTY OF SHELRY | |

| | That | in cons | ideration (| f | \$126,90 | 0.00 | | to | the | undel | signod | 8 |
|----------|----------|------------------------|---------------|---------|----------------------------|-------------|-------------|--------------|--------|--------------------|----------|-----|
| Grantor | (a) Ja | nathan C | . Cantrel | l and | Carmell | S. Can | trell, | MUSCAIN | SLIC | wire | <u> </u> | . ? |
| in hand | neid h | the Grants | es herein, th | o recei | pt of which | is hereby | acknowle | edged, the s | aid G | rantor d | des has | |
| share or | | arent here: | in sellandi | VIEW | | gries o | GILLEA | BULKUSTI | cer a | ing Na | RCA M | |
| SULKUS | mbin # | musoano e followine | and Wife | el ceta | (.secous re to_situated | in Shel | by | Com Com | tv. Al | spame. * with r | ternit C | m |
| PUT ATAC | sambl so | | • | | | - h-L-1-11- | | | ,, | | 2 | 3. |

Lot 13, Block 1, according to the Survey of Southwind, First Sector, as recorded in Map Book 6, Page 72 in the Probate Office of Shelby County, Alabama.

Address of Property: 1139 Caribbean Circle, Alabaster, AL 35007

Described property to become the homestead of Grantees.

This Deed is being re-recorded to correct the spelling of Last Name for Charles Jeffrey Burkhalter.

Subject to taxes for the year 2001 and subsequent years, easements, restrictions, reservations, rights-of-way, limitations, covenants and conditions of record, if any, and mineral and mining rights, if any.

\$124,895.00 of the purchase price is being paid by the proceeds of a first mortgage loan executed and recorded simultaneously herewith.

TO HAVE AND TO HOLD, To the said GRANTEES for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor forever, together with every contingent remainder and right of reversion. And said GRANTOR does for itself, its successors and assigns, covenant with said GRANTEES, their heirs and assigns, that is lawfully seized in fee simple of said premises, that they are free from all encumbrances, that it has a good right to sell and convey the same as aforesaid, and that it will and its successors and assigns shall, warrant and defend the same to the said GRANTEES, their heirs, executors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the said GRANTOR(S), who is authorized to execute this conveyance, has hereto set its signature and seal, this the ______ day of _______ May ______. 2001.

By:

STATE OF ALABAMA
COUNTY OF SHELBY

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that

Jonathan C. Cantrell and Carmell S. Cantrell, Husband and Wife

Whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged

whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged lifters me on this day that, being informed of the contents of the conveyance, he/she executed the same valuatarily on the day the same bears date.

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Given under my hand and official seal, this 29 day of

May .2001.

Notary Public
Commission Ry

Commission Expires: 02/25/04

SEND TAX NOTICES TO:

THIS INSTRUMENT PREPARED BY: Kevin Heys and Associates, P.C. 100 Concourse Parkway, Suite 101 Birminghem, Alebama 35244

Charles Jeffrey Burkhalter
Nancy Jo Burkhalter
1139 Caribbean Circle
Alabaster, AL 35007

OI / POOL - PRINTED