Shelby

[redacted]

20020802000361290 Pg 1/4 36.80
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 |
|---|---|---|---|
| Walker | Mary | Lee | |

| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| 328 Fran Drive | Montevallo | AL | 35115 | US |

| 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 |
|---|---|---|---|---|
| | | | | ☐ 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 |
|---|---|---|---|---|
| | | AL | | US |

| 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 |
|---|---|---|---|---|
| | | | | ☐ 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 | US |

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:

Amana

M# RHA36B2D S# 0205107598

M# BBA36A2A S# 0206129760

$3200.00

| 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) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] | ☐ All Debtors | ☐ Debtor 1 | ☐ Debtor 2 | | |

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)
NATUCC1 - 5/4/01 C T System Online

11

# 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 |
|---|---|---|
| Walker | Mary | Lee |

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 |
|---|---|---|---|---|
| | | | | ☐ 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:

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

16. Additional collateral description:

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

ROBERT R. BEASLEY
912 City Federal Building
Birmingham, Alabama 35203

**WARRANTY DEED, JOINTLY FOR LIFE WITH REMAINDER TO SURVIVOR** ALABAMA TITLE CO., INC.

7917

**State of Alabama**
**JEFFERSON COUNTY** } **Know All Men By These Presents,**

**That in consideration of** Forty Eight Thousand and No/100--------($48,000.00)---------- **DOLLARS**

**to the undersigned grantor or grantors in hand paid by the GRANTEES herein, the receipt whereof is acknowledged we,**

Harold R. Walker and wife, Frances J. Walker

**(herein referred to as grantors) do grant, bargain, sell and convey unto**

Hoyt D. Walker and wife, Mary Lee Walker

**(herein referred to as GRANTEES) for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described real estate situated in Shelby County, Alabama to-wit:**

Lot 15, in Block 6, according to the Survey of Green Valley, Third Sector, First Addition, as recorded in Map Book 6, Page 162, in the Office of the Judge of Probate of Shelby County, Alabama.

$38,400.00 of the purchase price recited above was paid from mortgage loan closed simultaneously herewith delivery of this deed.

Subject to:
Ad valorem taxes due October 1, 1978
Right of Way granted to Alabama Power Company by instruments recorded in Deed Volume 285, Page 820.
50 foot building line from Fran Drive and 20 foot easement along the rear lot line as shown on recorded map.

BOOK 310 PAGE 554

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
1978 FEB 21 AM 8:27
Thomas A. Lowe, Jr.
JUDGE OF PROBATE

Deed 10.00
Rec. 1.50
Ind. 1.00
12.50

Mortg. 374-847

**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 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;**

**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 hand and seal s, this 16th **day of** February **,19** 78

**IN WITNESS WHEREOF,** we have hereunto set our hand and seal s, this 16th **day of** February **,19** 78

**WITNESS:**

Harold R. Walker

Frances J. Walker

**State of** ALABAMA
**JEFFERSON COUNTY** } **General Acknowledgement**

**I,** the undersigned **, a Notary Public in and for said County, in said State, hereby certify that** Harold R. Walker and wife, Frances J. Walker **whose names are signed to the foregoing conveyance, and who are known to me on this day, that, being informed of the contents of the conveyance they on the day the same bears date.**

**Given under my hand and official seal this** 16th **day of** February **A. D., 1978**

Notary Public

FORM SATC-3

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HELD AT AN ANGLE TO VIEW

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

Lottie S. Norwood
Signature of Local Registrar

March 4, 1999
Date of Issue

PERMANENT INK. DO NOT USE GREEN, RED, OR X.

# ALABAMA
## CERTIFICATE OF DEATH

20020802000361290 Pg 4/4 36.80
Shelby Cnty Judge of Probate, AL
08/02/2002 10:10:00 FILED/CERTIFIED

County File Number —

State File Number 101

**DECEASED**

1. DECEASED—NAME: First: Hoyt; Middle: Dodson; Last (Type last name all capitals): WALKER
2. DATE OF DEATH (Month, Day, Year): Feb. 17 1999
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster 35115
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): Baptist Medical Center Shelby
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: 77 YRS.
12. UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MINS.
13. DATE OF BIRTH (Month, Day, Year): March 18 1921
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): 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): Mary Lee Lawrence
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: Montevallo 35115
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 328 Fran Drive
25. INFORMANT—Name and Address: Mary Lee Walker 328 Fran Dr Montevallo Alabama 35115
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Painter
27. KIND OF BUSINESS OR INDUSTRY: Construction
28. FATHER—NAME: First: Lawrence; Middle: A; Last: Walker
29. MAIDEN NAME OF MOTHER— First: Edith; Middle: —; Last: Lambert

**BURIAL**

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): Feb 20 1999
32. CEMETERY OR CREMATORY—Name: Mt. Carmel Cemetery
33. LOCATION—(City or Town—State): Cullman, Alabama
34. FUNERAL HOME—Name and Address: Hanceville Funeral Home 100 Michelle St Hanceville, Al 35077
35. FUNERAL DIRECTOR—Signature: Jimmy R. Stuart
36. DATE SIGNED BY FUNERAL DIRECTOR: Feb. 18 1999

**CERTIFIER**

37. ☑ Certifying Physician ☐ Medical Examiner ☐ Coroner (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." "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: Andrew Allen
38. DATE SIGNED (Month, Day, Year): 2/17/99
39. TIME AND DATE OF DEATH: 2/17/99 - 1943
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 2/17/99 - 1943
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Andrew Allen MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Shelby Medical Center
43. CERTIFIER LICENSE NUMBER: 14635
44. REGISTRAR— Signature: Lottie S. Norwood — For State or County use only
45. DATE FILED (Month, Day, Year): Feb. 23, 1999

## MEDICAL CERTIFICATION

**CAUSE**

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 Arrest | |
| | 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. CHF / CAD | |
| | 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
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
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)