

| C FINANCING STATEMENT LOW INSTRUCTIONS (front and back) CAREFULLY VAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address)  EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (12 or 1b) - its. ORGANIZATION'S NAME | THE ABOVE SPA                                       | CE IS FO       |                         | •                                      |
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| LOW INSTRUCTIONS (front and back) CAREFULLY VAME & PHONE OF CONTACT AT FILER [optional]  SEND ACKNOWLEDGMENT TO: (Name and Address)   |   | VCE IS FO      |                         |  |
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| SEND ACKNOWLEDGMENT TO: (Name and Address)  L  EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (12 or 1b)   |   | CE IS FO       |                         |  |
| EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (12 or 1b)  |   | CE IS FO       |                         | •                                      |
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|   |   |                | R FILING OFFICE USE     | ONLY                                   |
| •   |   | <del> </del>   | <del></del>             | ······································ |
| 16. INDIVIDUAL'S LAST NAME  | ST NAME   | MIDDLE         | MARAET                  |  |
| Whitley   | John  |                | 1)25 /2 V               | SUFFIX                                 |
| AILING ADDRESS CITY   |   | STATE          | POSTAL CODE             | COUNTRY                                |
| Spinner Drive   | URISDICTION OF ORGANIZATION                         | AL             | 33/43                   | USA                                    |
| ORGANIZATION DEBTOR   | DIGSDIC LICIA CIL CHARMINEM LICIA                   | Ing. ORGA      | NIZATIONAL ID #, if any | <del> </del> 1                         |
| DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor ne   | rme (2a or 2b) - do not abbreviate or combine or    |                |                         | NONE                                   |
| a. ORGANIZATION'S NAME  |   |                | <del></del>             | · <del></del>                          |
| b. INDIVIDUAL'S LAST NAME   | TNAME   | 15 <del></del> |                         |  |
|   | ) ( 146-146) ( )                                    | MIDDLEN        | AME                     | SUFFIX                                 |
| VILING ADDRESS CITY   | ······································              | STATE          | POSTAL CODE             | COUNTRY                                |
| X ID # SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION 21, JUI ORGANIZATION DEBTOR  | JRISDICTION OF ORGANIZATION                         | 20. ORGA       |                         |  |
| ) <del></del>   |   | 1              | NIZATIONAL ID#, if any  | <u> </u>                               |
|   | nsert only one secured party name (3a or 3b)        |                | NIZATIONAL ID#, if any  | NONE                                   |
| CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - in   | nsert only <u>one</u> secured party name (3a or 3b) |                | NIZATIONAL ID #, if any | NONE                                   |
| CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - in<br>ORGANIZATION'S NAME  Alabama Power Company   |   |                |                         |  |
| CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - in<br>ORGANIZATION'S NAME  Alabama Power Company   |   | MIDDLEN        |                         | NONE                                   |
| CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - in  ORGANIZATION'S NAME  Alabama Power Company  INDIVIDUAL'S LAST NAME  ILING ADDRESS  CITY  | TNAME   | MIDDLE         |                         |  |

[optional] ESTATE RECORDS. Attach Addendum All Debtors | Debtor 1 | Debtor 2 [if applicable] [ADDITIONAL FEE] 8. OPTIONAL FILER REFERENCE DATA

| OLLOW INSTRUCTION   |   | MENTADDENDUN<br>k) CAREFULLY            | <b>,                                    </b>                                       |   |               |   |                   |
|---|---|---|--|---|---------------|---|-------------------|
|   | كالتركي المستراب المستراب المستراب        | ON RELATED FINANCING ST                 |  |   | •             |   |                   |
| 9a. ORGANIZATION'S  | <del></del>                               |   |  |   |               | •   |                   |
|   |   |   |  |   | -             |   |                   |
| 96. INDIVIDUAL'S LAS  | T NAME                                    | FIRST NAME                              | MODLE NAME SUF   | FIX   |               |   |                   |
| 1, 1/2  | 17  | John                                    |  |   |               |   |                   |
|   | <u>Y</u>                                  | Joven                                   | westry   |   |               |   |                   |
| A MISCELLANEOUS: /  |   | <b>-</b>                                |  |   |               |   |                   |
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|   |   |   |  | THE ABOV  | e space       | IS FOR FILING OFFIC   | C 1250 010 14     |
| ADDITIONAL DEBT   | OR'S EXACT ELL                            | LL LEGAL NAME - Insert only one         | name /44a or 44bt . do not als   |   |               | TON TILLING OFFIC   | E USE ONLY        |
| 11a. ORGANIZATION'S   | NAME                                      | CT CECOAT IMMANTE - NIMMA COLINA COLINA | name (11a or 11b) - do not acc   | LEAGUE OF COURDING MEN  | <b>99</b><br> |   | <del></del>       |
|   |   |   |  |   |               |   |                   |
| 116 INDIVIDUAL'S LAST   | MANE                                      |   | FIRST NAME   | - <del>do-so-P-p-graves, and apply to leading to the second sec</del> | It comes or   |   |                   |
|   |   | <b>,</b>                                | 1-thesis is the state of   |   | MIDDLE        | NAME  | SUFFIX            |
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| a. MAILING ADDRESS  |   |   | CITY   |   | STATE         | POSTAL CODE   | COUNTRY           |
| <del></del>   | <del></del>                               |   |  |   | j             | <u>}</u>  |                   |
| L TAX ID#: SSN OR EIN   | ADD'L INFO RE<br>ORGANIZATION             | 11e TYPE OF ORGANIZATION                | 11LJURISDICTION OF ORG   | ANIZATION   | 11g. ORG      | SANIZATIONAL ID #, if any   |                   |
|   | DEBTOR                                    |   | <b> </b>   |   | ·<br>1        |   |                   |
| ADDITIONAL SEC  | CURED PARTY                               | 'S ~ ASSIGNOR S/P'S                     | NAME - insert only one nam   | a /42a or 42b)  | <del></del>   | والمراوات والمساوات والمساوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات | I NC              |
| 12m. ORGANIZATION'S N   | انظري سينواك وبالويطاسية استسبب كالكالكات |   | I W CONT - HARRIST LARY CITE IN  | - (128 OF 120)  | · ·/          | **************************************  |                   |
|   |   |   |  |   |               |   |                   |
| 12b. INDIVIDUAL'S LAST  | NAME                                      | **************************************  | FIRST NAME   |   | I AMERICA CO  | NA A ACT  |                   |
|   |   |   | To all company   |   | MICOLE        |   | SUFFIX            |
| MAILING ADDRESS   | <del></del>                               | <del></del>                             |  |   |               |   |                   |
| * WHITHAN VENEZO  |   |   | CITY   |   | STATE         | POSTAL CODE   | COUNTRY           |
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|   |   |   |  | بيزدان مستحد برويان ويزاج النظائد الداري  |               |   |                   |
|   | <b>44</b>                                 | iber to be cut or as-extracted          | 16. Additional collateral des  | ription;  |               |   |                   |
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| collateral, or is filed as a<br>Description of resi estate:   | ibature filling.                          |   | 16. Additional collateral des  |   |               |   |                   |
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| Collaborat, or is filed as a Description of real estate: The real property displays and address of a Riemann and address | escribed on the                           | e attached deed.                        | 16. Additional collateral des  | ription:  |               |   |                   |
| Description of real estate:  The real property disconnection of address of a RE  Name and address of a RE   | escribed on the                           | e attached deed.                        | 16. Additional collaboral des  | ription:  |               |   |                   |
| collateral, or is filed as a Description of real estate: The real property d  | escribed on the                           | te attached deed.                       |  |   |               |   |                   |
| Collaborat, or is filed as a Description of real estate: The real property displays and address of a Riemann and address | escribed on the                           | ie attached deed.                       | 17. Check only if applicable a   | id check only one box.  |               |   |                   |
| Description of real estate: The real property displays and address of a RE  | escribed on the                           | ic attached deed.                       | 17. Check <u>only</u> if applicable a Debtor is a Trust or                         | d check <u>only</u> one box.<br>Trustee acting with res   | pect to pro   | perty held in trust or  | Decadent's Esta   |
| Collaborat, or is filed as a Description of real estate: The real property displays and address of a Riemann and address | escribed on the                           | ic attached deed.                       | 17. Check only if applicable a   | d check <u>only</u> one box.<br>Trustee acting with res   | pect to pro   | perty held in trust or  | Decedent's Estate |
| Description of real estate: The real property displays and address of a RE  | escribed on the                           | ic attached deed.                       | 17. Check <u>only</u> if applicable a Debtor is a Trust or                         | d check only one box.  Trustee acting with res  | pect to pro   | perty held in trust or  | Decedent's Esta   |
| Collinteral, or is filed as a Description of real estate: The real property displays and address of a RE  | escribed on the                           | ic attached deed.                       | 17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a | id check <u>only</u> one box.  Trustee acting with res  | pect to pro   |   | Decadent's Esta   |

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THIS INSTRUMENT PREPARED BY:
BOARDMAN, CARR, WEED & HUTCHESON, P.C.
400 BOARDMAN DRIVE
CHELSEA, ALABAMA 35043

GRANTEE'S ADDRESS: John Wesley Whitley 95 Spinner Drive Shelby, Alabama 35143

STATE OF ALABAMA

GENERAL WARRANTY DEED

**COUNTY OF SHELBY** 

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of One Hundred Eighty-One Thousand and 00/100 (\$181,000.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned GRANTOR, Eunice Marie Bailey, a single individual (hereinafter referred to as GRANTOR), the receipt whereof is hereby acknowledged, the GRANTOR does hereby give, grant, bargain, sell and convey unto the GRANTEE, John Wesley Whitley, a single individual, (hereinafter referred to as GRANTEE), his heirs and assigns, the following described Real Estate, lying and being in the County of SHELBY, State of Alabama, to-wit:

Commence at the SE corner of the NE 1/4 of the SW 1/4 of Section 12, Township 24 North, Range 15 East, Shelby County, Alabama; thence North 0 deg. 21 min. 5 sec. West along the East line of said 1/4 1/4 Section a distance of 953.11 feet; thence South 89 deg. 38 min. 55 sec. West a distance of 115.00 feet; thence South 34 deg. 14 min. 53 sec. West a distance of 102.00 feet to the point of beginning; thence continue along the last described course a distance of 72.98 feet; thence North 38 deg. 31 min. 33 sec. West a distance of 266.49 feet; thence North 18 deg. 53 min. 5 sec. East, a distance of 100.01 feet; thence North 34 deg. 29 min. 18 sec. East a distance of 5.99 feet; thence South 34 deg. 39 min. 48 sec. East a distance of 301.16 feet to the point of beginning.

Subject to existing easements, current taxes, restrictions, set-back lines and rights of way, if any, of record.

\$182,000.00 of the above-recited purchase price was paid from a mortgage loan closed simultaneously herewith.

Eunice Marie Bailey is the surviving grantee of that certain deed recorded in Book 304 page 195 in the Probate Office of Shelby County, Alabama; the other grantee, George S. Bailey, having died on or about April 14, 1999.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEE, his heirs and assigns forever.

AND SAID GRANTOR, for said GRANTOR, GRANTOR'S heirs, successors, executors and administrators, covenants with GRANTEE, and with GRANTEE'S heirs and assigns, that GRANTOR are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that GRANTOR will, and GRANTOR'S heirs, executors and administrators shall, warrant and defend the same to said GRANTEE, and GRANTEE'S heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, said GRANTOR has hereunto set her hand and seal this the 5th day of April, 2002.

Eunice Marie Bailey

Eunice Marie Bailey

STATE OF ALABAMA )
COUNTY OF SHELBY )

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Eunice Marie Bailey, a single individual 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 Instrument signed her name voluntarily on the day the same bears date.

IN WITHESS WHEREOF, I have hereunto set my hand and seal this the 5th day of April, 2002.

NOTARY PUBLIC

My Commission Expires:

03:26 PM CERTIFIFI

SHELBY COUNTY JUDGE OF PROBATE
12.00