



	F CONTACT AT FILER [optional]				
SEND ACKNOWLE	DGMENT TO: (Name and Address)				
		THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S EXAC	T FULL LEGAL NAME - insert only one debtor name (1a				
1a. ORGANIZATION	SNAME	· · · · · · · · · · · · · · · · · · ·			
R 16. INDIVIDUAL'S LA	CT NAME	FIRST NAME	MIDDLE	ARAE	SUFFIX
P1220		JAMES			Johns
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
228	KENTWOOD De	ALABASTER	AL	35007	US
. TAX ID #: SSN OR E		11. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any	
	DEBTOR				NONE
ADDITIONAL DEB	TOR'S EXACT FULL LEGAL NAME - insert only one S NAME	debtor name (2a or 2b) - do not abbreviate or combi	ine names	<u> </u>	
				MIDDLE NAME	
	ST NAME	FIRST NAME	MIDDLE	IAME	SUFFIX
R 2b. INDIVIDUAL'S LA	ST NAME 4	FIRST NAME  FIRST NAME	MIDDLE	IAME	SUFFIX
P 2b. INDIVIDUAL'S LA	AST NAME		MIDDLE	POSTAL CODE	SUFFIX
2b. INDIVIDUAL'S LA  2b. INDIVIDUAL'S LA  C. MAILING ADDRESS		EMILY	STATE	•	
P 2b. INDIVIDUAL'S LA C ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	KENTUDO DE LA ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION	EMILY	STATE	•	COUNTRY
2b. INDIVIDUAL'S LA C. MAILING ADDRESS D. TAX ID #: SSN OR E	KENTUOD DE  EIN ADD'L INFO RE   20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	EMILY  ALASTZE  2f. JURISDICTION OF ORGANIZATION	STATE AL 29. ORGA	POSTAL CODE 3507	COUNTRY
2b. INDIVIDUAL'S LA C. MAILING ADDRESS D. TAX ID #: SSN OR E	EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOS NAME	EMILY  ALASTZE  2f. JURISDICTION OF ORGANIZATION	STATE AL 29. ORGA	POSTAL CODE 3507	COUNTRY
2b. INDIVIDUAL'S LADORESS  MAILING ADDRESS  TAX ID #: SSN OR E  SECURED PART  3a. ORGANIZATION	KENTUOD DEL  IN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO S NAME POWER	EMILY  ALASTZE  2f. JURISDICTION OF ORGANIZATION	STATE AL 29. ORGA	POSTAL CODE  3507  NIZATIONAL ID #, if any	COUNTRY
2b. INDIVIDUAL'S LA  C. MAILING ADDRESS  A. TAX ID #: SSN OR E  SECURED PART  3a. ORGANIZATION  ALABAMA  3b. INDIVIDUAL'S LA	KENTUOD DEL  IN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO S NAME POWER	EMILY  ALASTSE  2f. JURISDICTION OF ORGANIZATION  R S/P) - insert only one secured party name (3a or 3	STATE AL 2g. ORGA	POSTAL CODE  3507  NIZATIONAL ID #, if any	COUNTRY US
2b. INDIVIDUAL'S LA  2b. INDIVIDUAL'S LA  3a. ORGANIZATION ALABAMA 3b. INDIVIDUAL'S LA  3b. INDIVIDUAL'S LA  3c. MAILING ADDRESS	EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOUS NAME  POWER  AST NAME	EMILY  ALASASTER  2f. JURISDICTION OF ORGANIZATION  R S/P) - insert only one secured party name (3a or 3	STATE AL 2g. ORGA	POSTAL CODE  3507  NIZATIONAL ID #, if any	COUNTRY US NON
2b. INDIVIDUAL'S LA CAMAILING ADDRESS  3a. ORGANIZATION ALABAMA 3b. INDIVIDUAL'S LA  c. MAILING ADDRESS  600 N. 18TH ST	EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOUS NAME  POWER  AST NAME	EMILY  ALASTER  2f. JURISDICTION OF ORGANIZATION  R S/P) - insert only one secured party name (3a or 3	STATE AL 2g. ORGA  b)  STATE	POSTAL CODE  NAME  POSTAL CODE	COUNTRY COUNTRY

The state of the s

M# BMA48F00A 3# P1232307C

M# PHA 48BZA 5# P1221506C

\$ 5472.00

5. ALTERNATIVE DESIGNATION [if	applicable]:	LESSEE/LESSOR	CONSIGNEE	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-	UCCFILING
6. This FINANCING STATEMENT ESTATE RECORDS. Attack	is to be filed [fo h Addendum	r record) (or recorded)	in the REAL [if apolicable]	7. Check to REQUI	EST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE D	ATA								

ICC FINANCING STATEME						
OLLOW INSTRUCTIONS (front and back) Co. NAME OF FIRST DEBTOR (1a or 1b) ON		TEMENT				
9a. ORGANIZATION'S NAME						
96. INDIVIDUAL'S LAST NAME  OLECE	FIRST NAME JAMES	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:						
. ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NAME, insert only one r	name (11e or 11h) - de not abbre			IS FOR FILING OFFI	CE USE ONLY
11a. ORGANIZATION'S NAME	LEGAL MAINE - Insert only one i	IAMIE (118 OF 110) - GO HOL ADDIE	AISTE OF COLLDHIE LISTIN	<del></del>		
}			<del></del>			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	SANIZATIONAL ID #, if a	ny No
ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)		·	
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
	······································		<u> </u>	CTATE	IDOCTAL CODE	COUNTRY
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COONTAT
This FINANCING STATEMENT covers time collateral, or is filed as a fixture filing.  Description of real estate:	ber to be cut or as-extracted	16. Additional collateral descri	ription:			
. Name and address of a RECORD OWNER of a (if Debtor does not have a record interest):	bove-described real estate					
		17. Check only if applicable a	nd check only one bo	X.		
					roperty held in trust or	Decedent's Est
		18. Check only if applicable a		X,		
		Debtor is a TRANSMITTIN  Filed in connection with a		Transaction	n effective 30 vegre	
		Filed in connection with a			<del>-</del>	

BOND STAND OF THE WAR TO BE A STAND OF THE STAND STAND

20031125000772910 Pg 3/3 38.25 Shelby Cnty Judge of Probate, AL 11/25/2003 14:40:00 FILED/CERTIFIED

This Instrument Was Prepared By: Dickerson & Morse, P. C. Attorneys-at-Law 1920 Valleydale Road Birmingham, AL 35244

Send Tax Notice: James R. Pierce 228 Kentwood Drive Alabaster, Alabama 35007

STATE OF ALABAMA COUNTY OF SHELBY

## OUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That in consideration of other good and valuable considerations and the sum of Ten and no/100 (\$10.00) Dollars to the undersigned GRANTOR, in hand paid by the GRANTEES herein, the receipt of which is hereby acknowledged, Emily C. Pierce, a married woman, hereinaster reserred to as GRANTOR), does hereby remise, release, and forever quit cigim unto James R. Pierce, a married man, (hereinafter known as GRANTEE), the following described real estate situated in the County of Shelby and State of

Lot 93, according to the Survey of Kentwood, Third Addition, Phase Two, as recorded in Map Book 19, Page 167, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

TO HAVE AND TO HOLD unto the said GRANTEE(S), his hoirs and assigns forever.

IN WITNESS WHEREOF, I have hercunto set my hand(s) and scal(s) on this the 28th day of June, 2001, .:

Emily C. Pierce

STATE OF ALABAMA COUNTY OF SHELBY

I, the undersigned, a notary public in and for said county in said state, hereby certify that Emily C. Pierce, 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 conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand and official scal this the 28th day of June, 2001.

My Commission Expires: 9/10/2004

G. Wray Marso - Notary Public

Inst # 2001-28288

D7/09/2001-28288 12:38 PM CERTIFIED: SHELBY COUNTY JUDGE OF PROBATE 15.00

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