



20040802000427240 Pg 1/3 36.00  
Shelby Cnty Judge of Probate, AL  
08/02/2004 12:10:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>Cliff Barger (205) 226-1401</b>                                              |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>ALABAMA POWER COMPANY<br/>600 N. 18TH STREET<br/>BIRMINGHAM, AL 35291</b> |  |

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<br><b>White</b> |                          | FIRST NAME<br><b>Tonya</b>       | MIDDLE NAME<br><br>SUFFIX<br><br>                                    |
| 1c. MAILING ADDRESS<br><b>152 Bluegrass Drive</b> |                                            | CITY<br><b>Alabaster</b> | STATE<br><b>AL</b>               | POSTAL CODE<br><b>35007</b><br>COUNTRY<br><b>US</b>                  |
| 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<br><br><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<br><b>White</b> |                          | FIRST NAME<br><b>Henry</b>       | MIDDLE NAME<br><br>SUFFIX<br><br>                                    |
| 2c. MAILING ADDRESS<br><b>152 Bluegrass Drive</b> |                                            | CITY<br><b>Alabaster</b> | STATE<br><b>AL</b>               | POSTAL CODE<br><b>35007</b><br>COUNTRY<br><b>US</b>                  |
| 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<br><br><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<br><b>ALABAMA POWER</b>  |                            |                           |                    |                                                     |
| OR                                               | 3b. INDIVIDUAL'S LAST NAME |                           | FIRST NAME         | MIDDLE NAME<br><br>SUFFIX<br><br>                   |
| 3c. MAILING ADDRESS<br><b>600 N. 18TH STREET</b> |                            | CITY<br><b>BIRMINGHAM</b> | STATE<br><b>AL</b> | POSTAL CODE<br><b>35291</b><br>COUNTRY<br><b>US</b> |

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:

BRAND: Amana

Description: Replaced 2.5 ton HP.  
m# RHF 30C2A ARP T032-00C-1

S# 0406066672 040460226B

\$ 3984.00

|                                                                                                                                            |                                                                                                        |                                              |                                        |                                       |                                   |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 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 type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum | <input type="checkbox"/> 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                                                                                                           |                                                                                                        |                                              |                                        |                                       |                                   |                                         |

70

## 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

White

Tonya

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:

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

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

NATUCC1 - 5/4/01 C T System Online

THIS INSTRUMENT WAS PREPARED BY:  
Approved Attorney Title & Closing Company, L.L.C.  
One Town Center, Cheshire, CT 06410  
File No. 560134913

SEND TAX NOTICE TO:  
Tonya White  
152 Bluegrass Drive  
Alabaster, AL 35007

**WARRANTY DEED**

STATE OF Alabama  
COUNTY OF Shelby

**KNOW BY ALL THESE PRESENTS,**

That in consideration of Ninety six thousand nine hundred and no/100  
Dollars (\$ 96,900.00 ) to the undersigned Grantor or Grantors in hand paid by  
the GRANTEE herein, the receipt whereof is acknowledged, I or we, JOHN WALTER PFLASTERER, a single  
person, [herein referred to as GRANTOR(S)] do grant, bargain, sell and convey unto  
Tonya White and Henry White  
(herein referred to as GRANTEE) the following described real estate situated in SHELBY County,  
ALABAMA, to-wit:

Lot 4, Block 8, according to the Survey of Bermuda Hills, Second Sector, Fourth Addition, as recorded in Map  
Book 9, Page 78, in the Office of the Judge of Probate of Shelby County, Alabama.

**SUBJECT TO:** All easements, restrictions, reservations and rights of way appearing of record which affect the  
subject property.

\$ 95,402.00 of the total consideration recited above was paid from the proceeds of a mortgage loan  
closed simultaneously herewith.

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

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEE,  
his, her or their heirs and assigns, that I/we are lawfully seized in fee simple of said premises; that it is 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 GRANTEE, his, her or their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I/We have hereunto set our hands and seals this 23rd  
day of May, 2001.

WITNESS:

✓ Douglas Pate  
WITNESS 1

✓ John Walter Pflasterer (SEAL)  
JOHN WALTER PFLASTERER

✓ John S. Cornell  
WITNESS

\_\_\_\_\_  
(SEAL)

STATE OF South Carolina

COUNTY OF Kershaw

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that JOHN WALTER  
PFLASTERER, whose name(s) is/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, he/she/they  
executed the same voluntarily on the same day the same bears date.

Given under my hand and official seal this 23<sup>rd</sup> day of May, 2001.

Gail W. Allen  
Notary Public  
(SEAL)

My Commission Expires: 11/18/09

Inst # 2001-38679

09/07/2001-38679  
12:48 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MSB 12.50