

| FOLLOW INSTRUCTION                       | NS (front and back) CAREFULLY                              |   |   |                                       |
|--|--|---|---|---------------------------------------|
| Cliff Bara                               | CONTACT AT FILER [optional]  Ser (205) 226-1401            | ·   |   |                                       |
| B. SEND ACKNOWLEDG                       | MENT TO: (Name and Address)                                |   |   |                                       |
|  |  |   |   |                                       |
| ALAB                                     | SAMA POWER COMP  | ANY   |   |                                       |
|  | I. 18TH STREET   |   |   |                                       |
|  | INGHAM, AL 35291   |   |   | •                                     |
| 1  | 114011/141, 712 00201                                      |   |   |                                       |
|  |  | THE ABOVE   | SPACE IS FOR FILING OFFICE                    | E USE ONLY                            |
| 1. DEBTOR'S EXACT F                      | ULL LEGAL NAME - insert only one debtor name (1            | 1a or 1b) - do not abbreviate or combine names              | <u>, , , , , , , , , , , , , , , , , , , </u> | <del> </del>                          |
| -  |  |   |   |                                       |
| OR 1b. INDIVIDUAL'S LAST                 | NAME   | FIRST NAME  | MIDDLE NAME                                   | SUFFIX                                |
| Vacare                                   | //a  | Mary  | STATE POSTAL CODE                             | COUNTRY                               |
| 1c. MAILING ADDRESS  1c. MAILING ADDRESS | orning Sun Circle  | Birmingham  | AL 35242                                      |                                       |
| 1d. TAX ID #: SSN OR EIN                 | ADD'L IN FORE 1e. TYPE OF ORGANIZATION                     | 1f. JURISDICTION OF ORGANIZATION                            | 1g. ORGANIZATIONAL ID #, if                   |                                       |
| ·  | ORGANIZATION<br>DEBTOR                                     |   |   | NONE                                  |
| 2. ADDITIONAL DEBTO                      | R'S EXACT FULL LEGAL NAME - insert only one                | e debtor name (2a or 2b) - do not abbreviate or comb        | oine names                                    | · · · · · · · · · · · · · · · · · · · |
|  |  |   |   |                                       |
| 2b. INDIVIDUAL'S LAST NAME               |  | FIRST NAME  | MIDDLE NAME                                   | SUFFIX                                |
| 20. MAILING ADDRESS                      |  | CITY  | STATE POSTAL CODE                             | COUNTRY                               |
|  |  |   | AL  | US                                    |
| 2d. TAX ID #: SSN OR EIN                 | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 21. JURISDICTION OF ORGANIZATION                            | 2g. ORGANIZATIONAL ID #, if any               |                                       |
|  | NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO                 | R S/P) - insert only <u>one</u> secured party name (3a or 3 | 3b)   |                                       |
| 3a. ORGANIZATION'S NA ALABAMA PO         |  |   |   |                                       |
| OR 3b. INDIVIDUAL'S LAST NAME            |  | FIRST NAME  | MIDDLE NAME                                   | SUFFIX                                |
| - 111 IV IO 1 DEDECO                     |  |   |   |                                       |
| 30. MAILING ADDRESS 600 N. 18TH STREET   |  | BIRMINGHAM ·  | STATE POSTAL CODE  AL 35291                   | US                                    |
|  | NT covers the following collateral:                        |   |   |                                       |
| тин бол г омд                            | NG HEAT DINAD WHICH WAS CI                                 | NICTATION ATTUUT DECIMENT                                   | TELL OCATED OVITED I                          | DDODDTV                               |
|  | NG HEAT PUMP, WHICH WAS I<br>I ITEM 14 OF THIS FINANCING S |   | E LUCATED ONTINE                              | ROPERTI                               |
| BRAND:                                   | rane   | Ton Heat Pump   |   |                                       |
|  |  | T T   |   |                                       |
| M #5                                     | 2TWB0024A1000A   | B/TWED24C1  | 40B0  |                                       |
|  |  |   | <b>-</b>                                      |                                       |
| 5#5                                      | 4311MNM4F/   | 431404711   |   | •                                     |
|  |  |   |   | 10/m                                  |

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum Iff applicable | Tabbit Addendum | Tabbit

\$ 3550.00

| UCC FINANCING STATEMENTADD   | ENDUM   |                                   |                            |             |  |               |
|--|---|-----------------------------------|----------------------------|-------------|--|---------------|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FI               |   |                                   |                            |             |  |               |
| 9a. ORGANIZATION'S NAME  |   |                                   | :                          |             |  |               |
|  |   | -                                 |                            |             |  |               |
| 96. INDIVIDUAL'S LAST NAME FIRST NAME  |   | MIDDLE NAME, SUFFIX               |                            |             |  |               |
| Vacare/la Ma   | rv  | $\mathcal{A}$                     |                            |             |  |               |
| 10. MISCELLANEOUS:   |   |                                   |                            |             |  |               |
|  | -   |                                   | •                          |             |  | •             |
|  |   |                                   |                            |             | •  |               |
|  |   |                                   |                            |             |  |               |
|  | į   | •                                 |                            |             |  |               |
|  |   |                                   |                            |             |  |               |
|  |   |                                   | •                          |             |  |               |
| -  |   |                                   | THE ABOVE                  | SDACE       | IS FOR FILING OFF                            | ICE LICE ONLY |
| 44 ADDITIONAL DERTOR'S EVACT FULL LEGAL MANE   | incert only one or  | ne (14a er 11b) de net abbemi     | <del></del>                |             | IS FOR FILING OFF                            | ICE OSE OME!  |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME- 11a. ORGANIZATION'S NAME  | insert only <u>one</u> na   | ime (11a or 11b) - do not abbrevi | ate of combine name        |             |  | <del></del>   |
|  |   |                                   |                            |             | •  |               |
| 115, INDIVIDUAL'S LAST NAME  |   | FIRST NAME                        | <del></del>                | MIDDLE NAME |  | SUFFIX        |
| · · ·  |   |                                   |                            |             |  |               |
| 11c. MAILING ADDRESS   | . <u>-</u>  | CITY                              | <del></del>                | STATE       | POSTAL CODE                                  | COUNTRY       |
|  |   |                                   |                            |             |  |               |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11a. TYPE OF ORGANIZATION  | SANIZATION  | 11f. JURISDICTION OF ORGAN        | ZATION                     | 11g. ORG    | ANIZATIONAL ID #, if a                       | any           |
| DEBTOR   |   | ·                                 |                            |             | ······································       | NONE          |
|  | GNOR S/P'S  | NAME - insert only one name (     | 12a or 12b)                | <del></del> | <del></del>                                  |               |
| 12a. ORGANIZATION'S NAME   |   |                                   | -                          | -           |  |               |
| OR 12b. INDIVIDUAL'S LAST NAME   | <del></del>   | FIRST NAME                        |                            | MIDDLE      | JAME   | let iccv      |
| 120. MUNICUAL 3 DAST MANE  |   |                                   |                            | WIIDDLE I   |  | SUFFIX        |
| 12c. MAILING ADDRESS   | <del></del>   | CITY                              | <u> </u>                   | STATE       | POSTAL CODE                                  | COUNTRY       |
|  |   |                                   |                            |             |  | •             |
| 13. This FINANCING STATEMENT covers   timber to be cut or  | as-extracted  | 16. Additional collateral descrip | tion:                      | <del></del> | <u>.                                    </u> |               |
| collateral, or is filed as a fixture filing.   |   |                                   |                            |             |  |               |
| 14. Description of real estate:  | _   |                                   |                            |             | •  | •             |
| The real property described on the attached dec  | ed.   | -                                 |                            |             |  |               |
|  |   | •                                 |                            |             |  |               |
|  |   |                                   |                            | •           |  |               |
| -  |   |                                   |                            |             | -  |               |
| •  |   |                                   | •                          |             | -  |               |
| -  | •   |                                   |                            |             |  |               |
|  |   |                                   |                            |             | •  |               |
|  |   |                                   |                            |             |  |               |
|  |   |                                   |                            |             |  |               |
|  |   | •                                 |                            |             |  | •             |
| •  |   |                                   | •                          |             |  |               |
| 15. Name and address of a RECORD OWNER of above-described real<br>(if Debtor does not have a record interest): | estate  |                                   |                            |             |  |               |
| (ii mentol dogs line have a record linerest).  |   |                                   |                            |             |  |               |
|  | <b></b>   |                                   |                            |             |  |               |
| <b>-</b>   | 17. Check only if applicable and check only one box.  |                                   |                            |             |  |               |
|  | Debtor is a Trust or Trustee acting with respect to properly 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 |                                   |                            |             |  |               |
|  |   | <del></del>                       |                            |             | _  |               |
|  |   | Filed in connection with a Pu     | UNICHT WIEITICS I TAITS AC | #OU 611(    | SCHAG ON AGGIZ                               |               |

-This instrument was prepared by: Martin, Rawson, & Woosley, P.C. #2 Metroplex Drive, Suite 102 Birmingham, Alabama 35209

Send Tax Notice:
Mary A. Vacarella
1507 Morning Sun Dr.
Birmingham, AL 35242

Warranty Deed State of Alabama Shelby County

Know All Men By These Presents,

That in consideration of Ninety Seven Thousand Nine Hundred Dollars and no/100 (\$97,900.00) other good and valuable consideration

to the undersigned grantor, HORIZON CONDOMINIUM DEVELOPMENT, INC. (herein referred to as GRANTOR) in hand paid by the GRANTEES herein, the receipt of which is hereby acknowledged, the said GRANTOR does by these presents, grant, bargain sell and convey unto

## MARY A. VACARELLA

(herein referred to as GRANTEES), the following described real estate situated in Shelby County, Alabama, to-wit:

## FOR LEGAL DESCRIPTION SEE ATTACHED SHEET MARKED EXHIBIT A

Subject to existing easements, restrictions, current taxes, setback lines, rights of way, limitations, if any, of record.

\$78,300.00 OF THE ABOVE RECITED PURCHASE PRICE WAS PAID FROM A MORTGAGE LOAN CLOSED SIMULTANEOUSLY HEREWITH.

TO HAVE AND TO HOLD to the said GRANTEES, his, her or their heirs and assigns forever. And said GRANTOR does for itself, its successors and assigns, covenant with said GRANTEES, their heirs, and assigns, that GRANTOR is lawfully seized in fee simple for said premises; that said premises are free from all encumbrances unless otherwise noted above; that GRANTOR has a good right to sell and convey the same as aforesaid; and that GRANTOR 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 GRANTORS, by its Secretary/Treasurer, who is authorized to execute this conveyance, has hereto set its signature and seal, this the 20th day of November, 2001

HORIZON CONDOMINIUM DEVELOPMENT, INC.

Its: Secretary/Treasurer

THE STATE OF ALABAMA JEFFERSON COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Susan Hood, whose name as Secretary/Treasurer of Horizon Condominium Development, Inc., is 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, she executed and with full authority, executed the same voluntarily on the date the same bears date.

Given under my hand and official seal of office this the 20th

day of November, 2001.

Notary Public

My Commission Expires:

10/03/2004

OB: 23 AM CERTIFIED

SHELBY COUNTY JUNE OF PROBATE

SHELBY COUNTY JUNE OF PROBATE

34.00

EXHIBIT "A"

Unit 1507, in Horizon, a Condominium, as established by that certain Declaration of Condominium of Morizon, a Condominium, which is recorded in Instrument 2001-40927, to which Declaration of Condominium a plan is attached as Exhibit "A" thereto, said Plan being filed for record in Map Book 28, page 141 in the Probate Office of Shelby County, Alabama and to which said Declaration of Condominium the By-Laws of The Horizon Condominium Association, Inc. is attached as Exhibit "D", together with an undivided Declaration of Condominium of Horizon, a Condominium.

Inst \* 2001-51490

OB:23 AM CERTIFIED
SHELDY COUNTY JUDGE OF PROBATE
102 KEL
102 KEL
102 KEL
103 AM
104 AM
105 KEL
106 KEL
107 KEL
108 KE