



A. NAME & PHONE OF CONTACT AT FILER [optional] CLIFF BARGER (205) 226-1401				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>			
ALABAMA POWER COMPANY 600 N. 18TH STREET BIRMINGHAM, AL 35291				
	THE ABO	VE SPACE IS FO	OR FILING OFFICE U	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the original o	debtor name (1a or 1b) - do not abbreviate or combine names			· · · · · · · · · · · · · · · · · · ·
Ia. Organizations maint				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Nelson	Lowa	· · · · · · · · · · · · · · · · · · ·	POSTAL CODE	COUNTI
MAILING ADDRESS	i city	ICTATE		I COUNT
MAILING ADDRESS 124 Nolson Cir	Montevallo	STATE	35115	US
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	Montevallo	AL	35115 ANIZATIONAL ID #, if any	US
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGONIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -	Montevallo ANIZATION 11. JURISDICTION OF ORGANIZATION	AL 1g. ORG	35115	US
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGONIZATION DEBTOR	Montevallo ANIZATION 11. JURISDICTION OF ORGANIZATION	AL 1g. ORG	35115	US
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG. ORGANIZATION DEBTOR DEBT	Montevallo ANIZATION 11. JURISDICTION OF ORGANIZATION	AL 1g. ORG	35115 ANIZATIONAL ID #, if any	US
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME	Montuallo ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or o	aL 1g. ORG	35115 ANIZATIONAL ID #, if any	US
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	Montuallo ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or o	aL 1g. ORG	35115 ANIZATIONAL ID #, if any	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR	ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of FIRST NAME CITY	AL 1g. ORG combine names MIDDLE STATE AL	ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 12a. ORGANIZATION'S NAME	ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of FIRST NAME CITY	AL 1g. ORG combine names MIDDLE STATE AL	35115 ANIZATIONAL ID #, if any	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION DEBTOR 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2b. INDIVIDUAL'S LAST NAME 2c. TYPE OF ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION DEBTOR 3c. TYPE OF ORGANIZATION DEBTOR	ANIZATION If. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of the control of t	AL 1g. ORG combine names MIDDLE STATE AL 2g. ORG	ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION DEBTOR 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2b. INDIVIDUAL'S LAST NAME 2c. TYPE OF ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME	ANIZATION If. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of the control of t	AL 1g. ORG combine names MIDDLE STATE AL 2g. ORG	ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 16. TYPE OF ORG	ANIZATION If. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of the control of t	AL 1g. ORG combine names MIDDLE STATE AL 2g. ORG	ANIZATIONAL ID #, if any ANIZATIONAL ID #, if any	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNED ALABAMA POWER	ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of the second of the	AL 1g. ORG combine names MIDDLE STATE AL 2g. ORG	ANIZATIONAL ID #, if any ANIZATIONAL ID #, if any	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME ADD'L INFO RE ORGANIZATION DEBTOR TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR BECURED PARTY'S NAME (or NAME of TOTAL ASSIGNER ALABAMA POWER	ANIZATION 1f. JURISDICTION OF ORGANIZATION insert only one debtor name (2a or 2b) - do not abbreviate or of the second of the	AL 1g. ORG combine names MIDDLE STATE AL 2g. ORG	ANIZATIONAL ID #, if any ANIZATIONAL ID #, if any	SUFFIX

M# Q3RA-036K S# Q3F040800254

\$ 5,500.00

		CONSIGNEE/CO	ONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-L	JCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum			Check to REQUES ADDITIONAL FEE	ST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debtors	Deblor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							-	

UCC FINANCING STATE	MENTADDENDUM				
9. NAME OF FIRST DEBTOR (1a or 1. 9a. ORGANIZATION'S NAME	<u> </u>	ATEMENT			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
Mulson	Loeva				
10. MISCELLANEOUS:					
11. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only one	هر بر مساخل المراجع المساخل المراجع المساخل المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ال	ب سقالت کربسنا	IS FOR FILING OFF	CE USE ONLY
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 R ORGANIZATIO DEBTOR	N ,	11f. JURISDICTION OF ORGANIZATION		GANIZATIONAL ID#, if a	any NONE
12a. ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 1	2b)		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 14. Description of real estate: 5. Name and address of a RECORD OWNER of the control of		16. Additional collateral description:			
		17. Check only if applicable and check on Debtor is a Trust or Trustee action 18. Check only if applicable and check on Debtor is a TRANSMITTING UTILITY	ing with respect to pro	perty held in trust or	Decedent's Estate
		Filed in connection with a Manufacture Filed in connection with a Public-Finar		_	•

والوالي والمراوي والمراوية والمستحد المتحالة الم	الكارانا البالات ويسوع والمساوع والمساوع		والمراجع والمناور	والمرواب والمراب والمراب والمراب والمراب والمنافع والمراب والمراب والمراب والمراب	رقالان المستنادة المستنادي المستنادي المستنادي المستنادي المستنادي المستنادي المستنادي المستنادي المستنادي الم
VARRANTY	DEED-TITLE	GUARANTEE &	TRUST CO.,	BIRMINGHAM,	ALABAMA

20040928000536790 Pg 3/3 38.25 Shelby Cnty Judge of Probate, A/

State	of	ΔI	ah	am	~
Sidle	OI	A1	ab	\mathbf{am}	\mathbf{a}

WARRANTY DEED—TITLE GUARANTI	EE & TRUST CO., BIRMINGHAM, ALABAMA 09/28/2004 14:18:00 FILED/CERTIFIED
State of Alabama	KNOW ALL MEN BY THESE PRESENTS,
SHELBY County	·)
That in consideration of (\$75.00)	Seventy Five and No/100 DOLLARS
to the undersigned grantor	Lula H. Nabors
in hand paid by	Loeva Nelson
the receipt whereof is acknowledged	I the said Lula H. Nabors, an unmarried woman
2	Loeva Nelson
the following described real estate, County, Alabama, to-wit:	
Lot 5, Block Shelby County	ll, according to Map of Aldmont, Montevallo, Alabama.
	· ·
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	w w m
TO HAVE AND TO HOLD, To the	ne said Loeva Nelson, her

heirs and assigns forever.

heirs, executors and administrators, covenant and for do, for myself my And I Loeva Nelson, her with the said

lawfully seized in fee simple of said premises; that they are free from all heirs and assigns, that I am encumbrances;

have a good right to sell and convey the same as aforesaid; that I that executors and administrators shall warrant and defend the same to the said Loeva Nelson, her

heirs, and assigns forever against the lawful claims of all persons.

In Witness Whereof, I have hereunto set	my	hand and seal,
this 12 day of April , 1960.	D	
WITNESSES:	Lula H.	H. Mars, (Seal.)
Horeuce H. Stevens	Lula n.	Nadors (Seal.)
Onna Makan	>	
		(Seal.)