Charly.

## UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

J. RUFFIN (205) 226-1902

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALABAMA POWER COMPANY

600 N. 18TH STREET

BIRMINGHAM, AL 35291

20050812000414950 1/4 \$36.65 Shelby Cnty Judge of Probate, AL 08/12/2005 10:05:35AM FILED/CERT

| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one delay one delay.  1a. ORGANIZATION'S NAME:   | THE ABO  | OVE SPACE IS                          | FOR FILING OFFICE                                     | USE ONLY   |
|--|--|---------------------------------------|---|------------|
| 1a. ORGANIZATION'S NAME  | lebtor name (1a or 1b) - do not abbreviate or combine names  |                                       |   |            |
| 1b. INDIVIDUAL'S LAST NAME   |  |                                       |   |            |
|  | FIRST NAME   | MIDE                                  | LE NAME   | CUETIV     |
| c. MAILING ADDRESS   | Joseph   |                                       | / . )   | SUFFIX     |
| 1775 / 1   | CITY   | STAT                                  | E POSTAL CODE   | COUNTRY    |
| TAXID#: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION  | NIZATION 1f. JURISDICTION OF ORGANIZATION  | AL<br>10. O                           | 3505/   | US         |
| DEBTOR   |  | · g. O.                               | RGANIZATIONAL ID #, if an                             | <b>y</b>   |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - in: 2a. ORGANIZATION'S NAME  | sort only one details to   |                                       |   | NO         |
| OD ODO AND A TION HOLD TO THE WIN  | Self Oilly One debtor name (2a or 2h) - do not abbreviate  | · · · · · · · · · · · · · · · · · · · |   |            |
| Za. ORGANIZATION'S NAME  | Control (Ed of 20) - do not appreviate of c  | ombine names                          |   |            |
|  | Caron Zo) - do not appreviate of C   | ombine names                          |   |            |
|  |  | ombine names                          |   |            |
|  | FIRST NAME   |                                       | E NAME  | SUECIV     |
| 2b. INDIVIDUAL'S LAST NAME:  |  |                                       |   | SUFFIX     |
| 2b. INDIVIDUAL'S LAST NAME:  |  | MIDDL                                 | E NAME  | SUFFIX     |
| 2b. INDIVIDUAL'S LAST NAME  Hilling Address  | FIRST NAME   |                                       | E NAME  POSTAL CODE                                   | SUFFIX     |
| 2b. INDIVIDUAL'S LAST NAME  Hilling MAILING ADDRESS  1775 Crenshaw Road  | FIRST NAME  Cathy  City  Colombiana  | MIDDL                                 | E NAME  POSTAL CODE                                   |            |
| 2b. INDIVIDUAL'S LAST NAME  Hilin MAILING ADDRESS  AX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGAN ORGANIZATION  | FIRST NAME   | MIDDL                                 | E NAME  POSTAL CODE  3505/                            | COUNTRY    |
| 2b. INDIVIDUAL'S LAST NAME  HILING ADDRESS  AX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGAN ORGANIZATION DEBTOR  | FIRST NAME  Cathy  CITY  CITY  IZATION  2f. JURISDICTION OF ORGANIZATION   | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE                                   | COUNTRY    |
| 2b. INDIVIDUAL'S LAST NAME  HILING ADDRESS  AX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGAN ORGANIZATION DEBTOR  | FIRST NAME  Cathy  CITY  CITY  IZATION  2f. JURISDICTION OF ORGANIZATION   | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE  3505/                            | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME  HILING ADDRESS  AND ROLL  TAX ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGAN ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of 3a. ORGANIZATION'S NAME  | FIRST NAME  Cathy  CITY  CITY  IZATION  2f. JURISDICTION OF ORGANIZATION   | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE  3505/                            | COUNTRY    |
| 2b. INDIVIDUAL'S LAST NAME  HILINA  MAILING ADDRESS  AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of TALABAMA POWER   | FIRST NAME  Cathy  CITY  CITY  IZATION  2f. JURISDICTION OF ORGANIZATION   | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE  3505/                            | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME    Hi   | FIRST NAME  CITY  CITY  LIZATION  2f. JURISDICTION OF ORGANIZATION  f ASSIGNOR S/P) - insert only one secured party name (3a c                           | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE  3505/                            | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME  Hillia  MAILING ADDRESS  AX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGAN ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of TALABAMA POWER   | FIRST NAME  Cathy  CITY  CITY  IZATION  2f. JURISDICTION OF ORGANIZATION   | MIDDL STATE AL 2g. OR                 | E NAME  POSTAL CODE  3505/  GANIZATIONAL ID #, if any | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME  HILIA  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGAN ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of 3a. ORGANIZATION'S NAME  ALABAMA POWER  3b. INDIVIDUAL'S LAST NAME | FIRST NAME  CITY  CITY  LIZATION  2f. JURISDICTION OF ORGANIZATION  f ASSIGNOR S/P) - insert only one secured party name (3a c                           | STATE AL 2g. OR or 3b)                | E NAME  POSTAL CODE  3505/  GANIZATIONAL ID #, if any | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME    ADD'L INFO RE   2e. TYPE OF ORGAN ORGANIZATION DEBTOR     COMMENTAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of Sa. ORGANIZATION'S NAME     ALABAMA POWER     3b. INDIVIDUAL'S LAST NAME                          | FIRST NAME  CITY  CITY  LIZATION  2f. JURISDICTION OF ORGANIZATION  f ASSIGNOR S/P) - insert only one secured party name (3a c                           | MIDDL STATE AL 2g. OR or 3b)  MIDDLE  | POSTAL CODE  3505/  GANIZATIONAL ID #, if any         | COUNTRY US |
| 2b. INDIVIDUAL'S LAST NAME  Hillia  MAILING ADDRESS  1775 Crenshaw Road  TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGAN ORGANIZATION   | FIRST NAME  Cathy  CITY  LIZATION  2f. JURISDICTION OF ORGANIZATION  f ASSIGNOR S/P) - insert only one secured party name (3a of the secured party name) | STATE AL 2g. OR or 3b)                | E NAME  POSTAL CODE  3505/  GANIZATIONAL ID #, if any | COUNTRY US |

THE FOLLOWING HEAT PUMP, WHICH WAS INSTALLED AT THE RESIDENCE LOCATED ON THE PROPERTY DESCRIBED IN ITEM 14 OF THIS FINANCING STATEMENT:

BRAND: 1 1/2 Ton Trane Heat Pump

M#5 2TWB0018A1000AB/TWE018C140B0

5#5 5261RC24F / 52441FAIV

\$ 3050.00

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCF |          |
|--|----------|
| FSTATE RECORDS Attack Adde-dimensional in the REAL 7 Check to REOLIECT CEARON TO PEOPLE IN THE INCIN-UCC)                  | FILING   |
| 8 OPTIONAL FILER REFERENCE DATA III applicable] [ADDITIONAL FEE]   | Debtor 2 |

| UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY |  |                       | 20050812000414950 2/4 \$36.65         |  |  |  |
|---|--|-----------------------|---------------------------------------|--|--|--|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY                                  | CYT A TYTE ACTAINT   |                       | Shel                                  | by Cnty Judge                          | of Probate,AL                          |  |
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING 9a. ORGANIZATION'S NAME | SIAIEMENI  |                       | 08/1                                  | 2/2005 10:05:                          | 35AM FILED/CERT                        |  |
|   | •  |                       |                                       |  |  |  |
| OR 95. INDIVIDUAL'S LAST NAME FIRST NAME  | MIDDLE NAME, SUFF  | ix.                   |                                       | *                                      | •                                      |  |
| Hillin Joseph   | 11). 7.  |                       |                                       | •                                      |  |  |
| 10. MISCELLANEOUS:  |  | -                     |                                       |  |  |  |
|   | -  |                       |                                       | •                                      | •                                      |  |
|   |  |                       |                                       |  |  |  |
|   |  |                       |                                       |  |  |  |
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|   |  |                       |                                       |  |  |  |
|   |  |                       |                                       |  |  |  |
|   |  |                       |                                       |  |  |  |
|   |  | THE ABOV              | E SPACE                               | IS FOR FILING O                        | FICE USE ONLY                          |  |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME-insert only o                     | ne name (11a or 11b) - do not abbr   | eviate or combine nar | nes                                   | ······································ | ······································ |  |
| 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   11e. TYPE OF ORGANIZATION           | 11f. JURISDICTION OF ORGA  | ANIZATION             | 11g. ORG                              | SANIZATIONAL ID #,                     | if any                                 |  |
| ORGANIZATION DEBTOR   | •<br>•   | • .                   | , , , , , , , , , , , , , , , , , , , |  | NONE                                   |  |
|   | O'S NAME - insert only one name  | a (12a or 12h)        |                                       |  | ·                                      |  |
| 12a. ORGANIZATION'S NAME  | To to the man in the state of t |                       | <del></del>                           | <del></del>                            | <del></del>                            |  |
|   |  | <b>-</b>              |                                       |  |  |  |
| 12b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | <del></del>           | MIDDLE                                | NAME                                   | SUFFIX                                 |  |
|   |  | -                     |                                       | •                                      |  |  |
| 12c. MAILING ADDRESS .  | СПҮ  | •                     | STATE                                 | POSTAL CODE                            | COUNTRY                                |  |
|   | ·  |                       |                                       |  |  |  |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracte             | d 16. Additional collateral descri   | ription:              |                                       |  |  |  |
| collateral, or is filed as a fixture filing.  14. Description of real estate:   |  |                       |                                       |  | •                                      |  |
| The real property described on the attached deed.                               |  |                       |                                       |  |  |  |
| THE TOUR PROPORTY GOODLIOUG ON MICH WILL AND WILLIAM GOODLIOUGH                 | _  |                       |                                       |  |  |  |
|   |  |                       |                                       |  |  |  |
|   |  | •                     |                                       |  |  |  |
| •   |  | -                     |                                       |  |  |  |
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|   |  |                       |                                       |  |  |  |
|   |  |                       |                                       |  |  |  |
| 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 an  |                       |                                       |  |  |  |
|   | Debtor is a Trust or   |                       | المحدد جديق بيهم بالمراجعة            | perty held in trust o                  | Decedent's Estate                      |  |
|   | 18. Check only if applicable an  | d check only one box  | ۲.                                    |  |  |  |
|   | Debtor is a TRANSMITTING   |                       |                                       |  |  |  |
|   | Filed in connection with a   |                       |                                       |  |  |  |
|   | Filed in connection with a l   | Public-Finance Trans  | action eff                            | ective 30 years                        |  |  |

SEND TAX NOTICE TO: Joseph W. Hillin, Jr. Route 1, Box 56-E Columbiana, AL 35051

STATE OF ALABAMA

This Instrument Was Prepared By:

Frank K. Bynum, Esquire

Birmingham, Alabama 35223

#17 Office Park Circle

COUNTY OF SHELBY

KNOW ALL MEN BY THESE PRESENTS,

That in consideration of FIFTY THOUSAND AND NO/100 DOLLARS (\$50,000.00) to the undersigned grantor in hand paid by the Grantees herein, the receipt of which is hereby acknowledged, THOMAS C. SILLIVAN, an unmarried man, and PAMEIA S. SULLIVAN, an unmarried woman, (herein referred to as Grantors) do grant, bargain, sell and convey unto JOSEPH W. HILIN, JR. AND CATHY L. HILLIN (herein referred to as Grantees) as joint tenants, with right of survivorship, the following described real estate, situated in the State of Alabama, County of Shelby, to-wit:

A parcel of land located in Section 24, Township 20 South, Range 1 West, and more particularly described as follows: Commence at the Northeast corner of the South 1/2 of the Northwest 1/4 of the Southeast 1/4 of Section 24, Township 20 South, Range 1 West; thence run in a Southerly direction along the East line of the Northwest 1/4 of the Southeast 1/4 and the Southwest 1/4 of the Southeast 1/4 592.03 feet to the point of beginning; thence continue on said line 367.59 feet; thence an interior angle to the left in a Northwesterly direction of 26 degrees 45 minutes 54 seconds 248.36 feet; thence an interior angle to the left, in a Northerly direction of 167 degrees 36 minutes 150.55 feet; thence an interior angle to the left in an Easterly direction 75 degrees 38 minutes 06 seconds 149.19 feet to the point of beginning.

Subject to existing easements, restrictions, set back lines, rights of ways, limitations, if any, of record.

Subject to that certain mortgage to First Alabama Bank, recorded in Real Volume 260, Page 753, in the Probate Office of Shelby County, Alabama.

The undersigned Grantees herein accept delivery of title by this deed knowing that it is subject to an outstanding mortgage, debt or lien which is an encumbrance upon this property and agree that said mortgage debt or lien may be permissibly outstanding.

\$12,000.00 of the purchase price recited above was paid from a second mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD unto the said Grantees as tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving Grantee and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common.

And we do for ourselves and for our heirs, executors, and administrators covenant with said Grantees, their heirs and assigns, that we are lawfully seized in fee simple of said premises, that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and my heirs, executors and administrators shall, warrant and defend the same to the said Grantees, their heirs, and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, We have hereunto set our hands and seal,

this 30th day of October, 1990.

Pamela S. Sullivan

20050812000414950 3/4 \$36.65 Shelby Cnty Judge of Probate, AL 08/12/2005 10:05:35AM FILED/CERT

STATE OF ALABAMA COUNTY OF JEFFERSON

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that JOSEPH W. HILLIN, JR. and wife, CATHY L. .. HILLIN whose names 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, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 30th day of October, 1989.

Notary Public

20050812000414950 4/4 \$36.65

Shelby Cnty Judge of Probate, AL 08/12/2005 10:05:35AM FILED/CERT

My Commission Expires: 11/20/92

STATE OF ALABAMA COUNTY OF JEFFERSON

I, the undersigned, a Notary Public in and for said County State, hereby certify that TROMS C. SULLIVAN, man, and PAMELA S. SULLIVAN, an unmarried woman, whose signed to foregoing who and conveyance, known are πe, acknowledged before me on this day that, being informed of they executed the same voluntarily on the conveyance, day the same bears date.

> Given under my hand and official seal, this the 30th day

October, 1990.

Notary Public

My Commission Expires: 11/20/92

90 NOV -8 AM 10: 55

| 1. Deed Tax   | 3800    |
|---------------|---------|
| 2. Mtg. Tax   |         |
| 6. No Tax Fee | -4      |
| Total         | -447.00 |