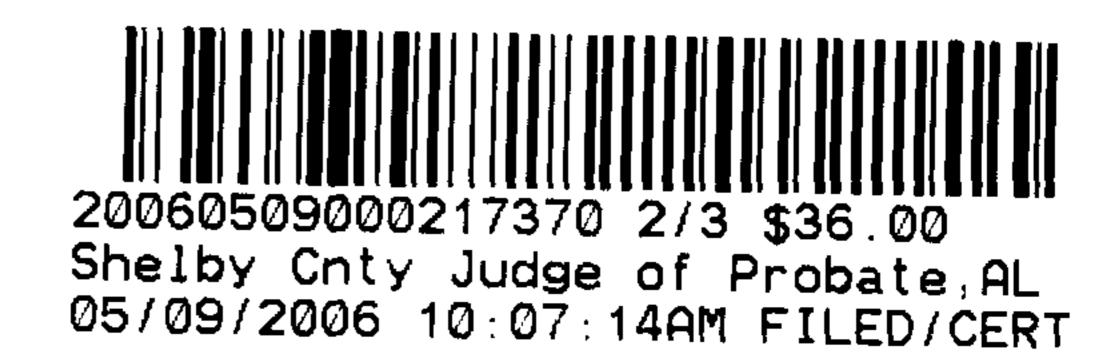


## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
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				•
		SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names	<del></del>	<u> </u>	
Ta. Ortanization ortaniza				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
asyl the And CM		AL	35007	US
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		ŀ		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	obtor name (2a or 2b) - do not abbreviate or comb	ine names		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX
Ouk	Ionia	H	4	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
924 Str Ave SW	Hlabaster	AL	35007	US
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		<u> </u>		NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or 3	3b)		
3a. ORGANIZATION'S NAME				
OR ALABAMA POWER		MIDDLE	NIARAE	SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	INIDOLE		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
600 N. 18TH STREET	BIRMINGHAM	AL	35291	US
4. This FINANCING STATEMENT covers the following collateral:				
THE FOLLOWING HEAT PUMP, WHICH WAS IN	ISTALLED AT THE RESIDENCE	CE LOCA	TED ON THE PRO	PERTY
DESCRIBED IN ITEM 14 OF THIS FINANCING S'				
BRAND: Reem				
M# KQNJ-A042				
S# 7242 F 480520	0915			
			\$ 4,000	1 177
			Ψ <u>————————————————————————————————————</u>	
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONS	GNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BU	JYER AG. LIEN	NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [stapplicable] [ADDITIONAL FEE] [optional]

8. OPTIONAL FILER REFERENCE DATA



<u> </u>	ack) CAREFULLY				
NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STA	ATEMENT			
9a. ORGANIZATION'S NAME					
R					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
73. L	Tim	<b>K</b> .			
CXILL					
), MISCELLANEOUS:					
			THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
		(d.d., and d.b.) also not obbusticio			
1. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate	Of COMDINE HAITIES		
11a. ORGANIZATION'S NAME					
					CHEELY
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	entrante de la composition della composition del	the second secon	<b>_</b>		
AS MAILING ADDRESS			STATE	POSTAL CODE	COUNTRY
		CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS		CITY			
1c. MAILING ADDRESS  1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR				POSTAL CODE  GANIZATIONAL ID #, if a	
Ic. MAILING ADDRESS  Id. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA	ATION 11g. OR		ny
1c. MAILING ADDRESS  1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF	ΓΙΟΝ	CITY	ATION 11g. OR		ny
d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA	ATION 11g. OR		ny
c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF 12a. ORGANIZATION'S NAME	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA  NAME - insert only one name (12a)	ATION 11g. OR	GANIZATIONAL ID #, if a	ny
Ic. MAILING ADDRESS  Id. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF 12a. ORGANIZATION'S NAME	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA	a or 12b)	GANIZATIONAL ID #, if a	ny
c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF 12a. ORGANIZATION'S NAME	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a)  FIRST NAME	a or 12b)  MIDDLE	SANIZATIONAL ID #, if and an	SUFFIX
d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA  NAME - insert only one name (12a)	a or 12b)	GANIZATIONAL ID #, if a	SUFFIX
Id. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME	ΓΙΟΝ	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a)  FIRST NAME	a or 12b)  MIDDLE	SANIZATIONAL ID #, if and an	SUFFIX
1c. MAILING ADDRESS  1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF 12a. ORGANIZATION'S NAME  OR 12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS	RTY'S or ASSIGNOR S/P'	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a  FIRST NAME  CITY	ATION 11g. ORG	SANIZATIONAL ID #, if and an	ny []
1c. MAILING ADDRESS  1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAF 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers	RTY'S or ASSIGNOR S/P'  timber to be cut or as-extracted	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a  FIRST NAME  CITY	ATION 11g. ORG	SANIZATIONAL ID #, if and an	SUFFIX
Id. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing status and status	RTY'S or ASSIGNOR S/P'  timber to be cut or as-extracted	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a  FIRST NAME  CITY	ATION 11g. ORG	SANIZATIONAL ID #, if and an	SUFFIX
Id. TAX ID #: SSN OR EIN ADD'L INFOORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME  OR 12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral, or is filed as a collateral fixture filing the state:	RTY'S or ASSIGNOR S/P'  timber to be cut or as-extracted ng.	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a  FIRST NAME  CITY	ATION 11g. ORG	SANIZATIONAL ID #, if and an	SUFFIX
d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR  2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing status and status a	RTY'S or ASSIGNOR S/P'  timber to be cut or as-extracted ng.	11f. JURISDICTION OF ORGANIZA  S NAME - insert only one name (12a  FIRST NAME  CITY	ATION 11g. ORG	SANIZATIONAL ID #, if and an	SUFFIX

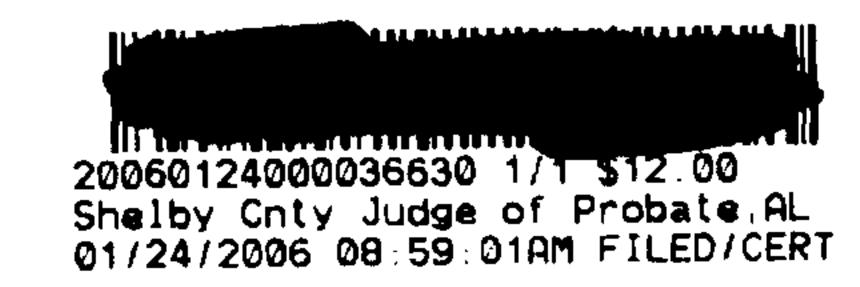
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

		<b>-</b>		and check <u>only</u> one box.		_
ebtor is a		Trust	or	Trustee acting with respect to property held in trust	or	Decedent's Estate
8. Check c	nly	if appl	licable	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



## WARRANTY DEED, JOINTLY FOR LIFE WITH REMAINDER TO SURVIVOR

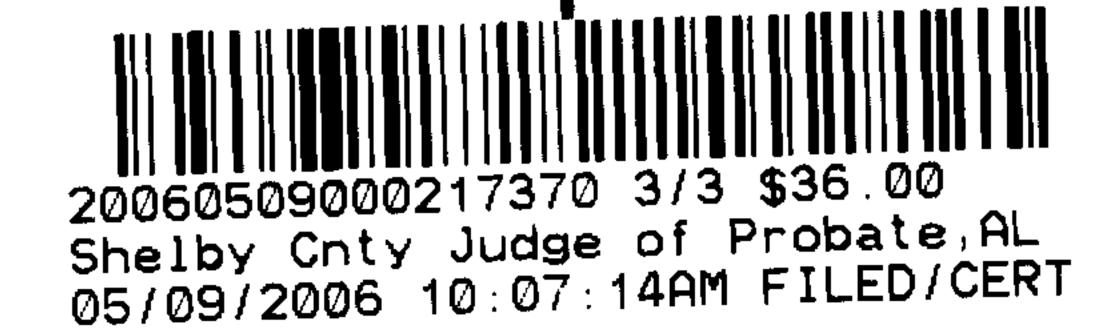
This instrument was prepared by:

B. CHRISTOPHER BATTLES

3150 HIGHWAY 52 WEST

PELHAM, AL. 35124

Send tax notice to: Tim R. Quick and Tonia A. Quick 924 5<sup>th</sup> Avenue SW Alabaster, Alabama 35007



## STATE OF ALABAMA COUNTY OF SHELBY

Know All Men by These Presents: That in consideration of One hundred thirty eight thousand and no/100 (\$138,000.00) to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt where is acknowledged, I or we, Donald R. Dickens and Jennifer Dickens, husband and wife (herein referred to as grantor, whether one or more), grant, bargain, sell and convey unto Tim R. Quick and Tonia A. Quick (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 6 and a part of Lot 5, Block 2, J. C. Lacey Subdivision, as recorded in Map Book 3, Page 113, in the Probate Office of Shelby County, Alabama, more particularly described as follows:

All of Lot 6, Block 2; a part of Lot 5, Block 2, beginning at a point 23.2 feet easterly of the Southwest corner of said Lot 5 and run easterly along the South line of said Lot 5 a distance of 76.8 feet; thence northerly along the East line of said Lot 5, 200.0 feet; thence westerly along the north line of said Lot 4, 4.4 feet; thence southwesterly 209.97 feet to the point of beginning.

Subject to mineral and mining rights if not owned by Grantor.

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

\$110,400.00 of the purchase price recited above was paid from mortgage loan closed simultaneously herewith.

\$27,600.00 of the purchase price recited above was paid from mortgage loan closed simultaneously herewith.

To Have and to Hold to the said grantee, as joint 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 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 I (we) do, for myself (ourselves) and for my (our) heirs, executors and administrators, covenant with said grantee, his, her or their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated 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.

-010.01	In Witness Whereof, I (we) have hereunto set my (our) hand(s) and seal(s) this 4 <sup>th</sup> day of January,
2006.	Jan. M. Villey
	Donald R. Dickens
	Dennela Bickers
	Jennifer Dickens

## STATE OF ALABAMA COUNTY OF SHELBY

I, B. Christopher Battles, a Notary Public in and for said County, in said State, hereby certify that Donald R. Dickens and Jennifer Dickens, husband and wife, whose name(s) 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 this conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 4th day of January, 2006.

Notary Public

My Commission Expires 02-25-09

B. CHRISTOPHER BATTLES

Notary Public - Alabama, State At Large

My Commission Expires 2 / 25 / 2009