



OCC FINANCING STATEMENT	Shel	by Cnty Ju	dge of Probate, AL	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	10/0	06/2006 03:	19:05PM FILED/CER	T
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				
DIMINITALL JJZJI				
		SDACE IS EC	ND EIL ING OFFICE HOL	
1 DERTOR'S EVACTEUIL LEGAL NAME income de blance de		SPACE IS FU	R FILING OFFICE US	CONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a. ORGANIZATION'S NAME	a or 1b) - do not abbreviate or combine names			
OR The INDIVIDUALICATION ACTIVITIES				SUFFIX
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
Hlekander	Julie			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5070 Shelhi Dr	Birminaham	AL	3イコイコ	US
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF QRGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR I		· •	- · · · · ·	· •
				NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or comb	oine names	— · · · · · · · · · · · · · · · · · · ·	
OR ON INITIALICAL ACTIVANTE				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		AL		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	<u> </u>
ORGANIZATION ' DEBTOR I		1		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	D.C.(D) incort only one convert next acres (2e ex	0h)		NONE
3a. ORGANIZATION'S NAME	H S/P) - Insert only <u>one</u> secured party name (3a or	3D)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ALABAMA POWER				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		
OU. INDIVIDUAL DEADT NATIVIL	FIRST NAIME	MIDULE	NAME	SUFFIX
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 I	NSTALLED AT THE RESIDEN	CE LOCA	TED ON THE PRO	OPERTY
DESCRIBED IN ITEM 14 OF THIS FINANCING S	STATEMENT:			
BRAND: Ruud				
M# 13 PJA 48 A 01	M#RCFA-HI	MLQ	100	
	INETT ICCI II	IVI TO SL		
CH 1227 Minani 10710				
S# 7333 M090608763	S# M26062	7736		
		\$ 6,389.00		
			P 6 0	1.00
			· · · · · · · · · · · · · · · · · · ·	

CONSIGNEE/CONSIGNOR

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) [if applicable] [ADDITIONAL FEE] [optional]

BAILEE/BAILOR

SELLER/BUYER

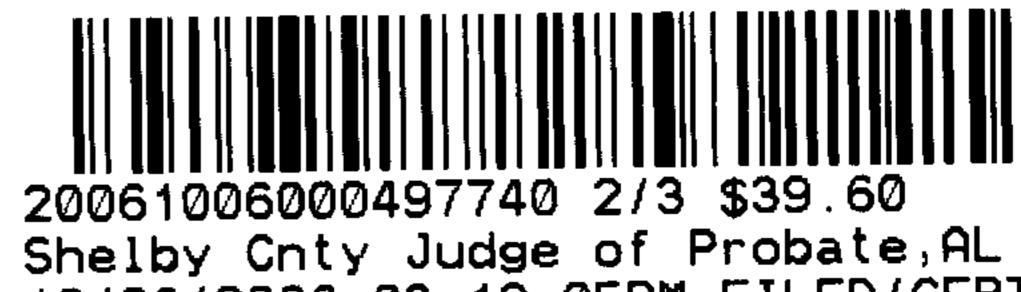
AG. LIEN

All Debtors Debtor 1

NON-UCC FILING

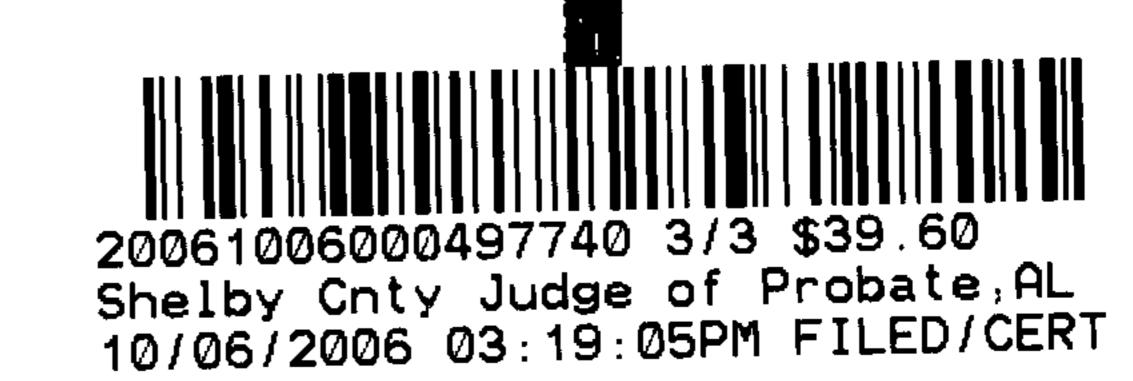
8. OPTIONAL FILER REFERENCE DATA

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR



UCC FINANCING STATEMENT ADDENDUM 10/06/2006 03:19:05PM FILED/CERT FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME Hexander 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 MIDDLE NAME SUFFIX FIRST NAME 11b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 11d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 12b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 12c. MAILING ADDRESS timber to be cut or 13. This FINANCING STATEMENT covers 16. Additional collateral description: as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: The real property described on the attached deed 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

This instrument prepared by: NEWMAN & SEXTON, Attorneys at Law 310 Lorna Professional Building, 3021 Lorna Road Birmingham, Alabama 35216-4500



QUIT CLAIM DEED

State of Alabama

Shelby County

\$500

1000年 - 1000年 KNOW ALL MEN BY THESE PRESENTS, That in consideration of the sum of Ten and No/100 Dollars (\$10.00), and other good and valuable considerations, in hand paid to James W. Stone by Julie D. Alexander, the receipt and sufficiency of which is hereby acknowledged, James W. Stone, an unmarried man, hereby remises, releases, quit claims, and conveys to Julie D. Alexander all his right, title, interest and claim in or to the following described real estate, situated in Shelby County, Alabama, to wit:

Lot 92, according to the Survey of Southern Pines, First Sector, a Residential Subdivision, as recorded in Map Book 7, page 11, in the Office of the Judge of Probate of Shelby County, Alabama.

The Grantee's Address is: 5070 Shelby Drive, Birmingham, AL 35242

TO HAVE AND TO HOLD to the said Julie D. Alexander, her heirs and assigns forever.

Given under my hand and seal, this 22 day of January, 1993.

STATE OF ALABAMA

COUNTY OF JEFFERSON

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that James W. Stone, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 32 day of January, 1993.

Notary Public

My Commission Expires: 3-14-53

Inst + 1993-05282

D2/24/1993-05282 11:06 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 NC3