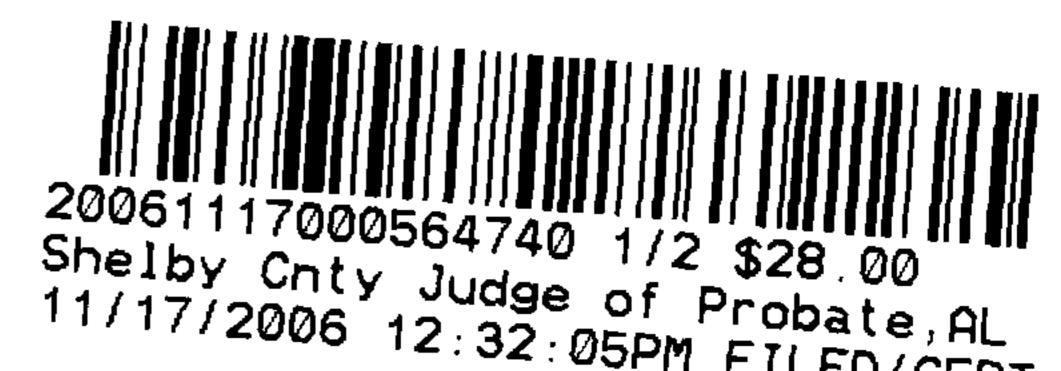


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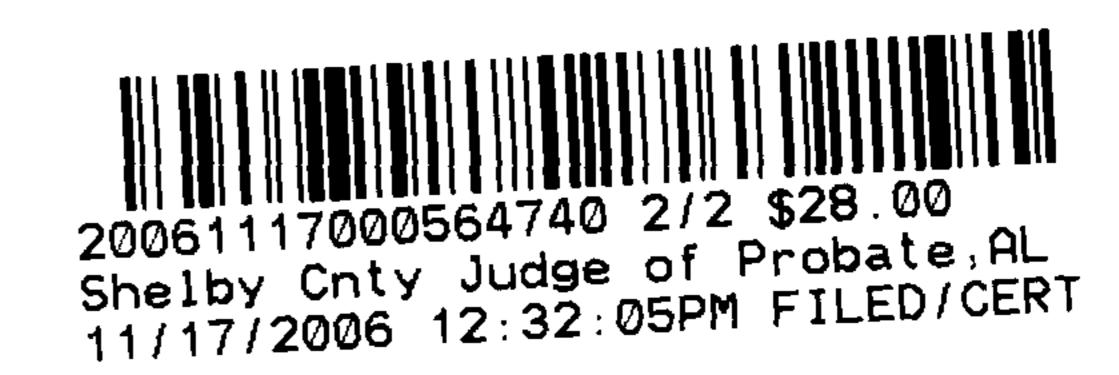
AL 35007  1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION ORG						11	/17/2006 12:32:05	Probate, ALPM FILED/CERT
FOLIOW INSTRUCTIONS (front and back) CAREFULLY  A. MAME & PHONE OF CONTACT AT FILER (pottonal)  (205) 621-1000  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Central State Bank  P.O. Box 180  Calcra, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names.  1a. DIGANIZATION'S NAME  OR 1b. INDIVIDUAL'S LAST NAME  DOUGLASS  SYLVIA  B. MIDDLE NAME  SUFFIX  803 15th Ave S.w.  Alabaster  AL 35007  COUNTY  41 JURISDICTION OF ORGANIZATION 110, ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION								
FOLIOW INSTRUCTIONS (front and back) CAREFULLY  A. MAME & PHONE OF CONTACT AT FILER (pottonal)  (205) 621-1000  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Central State Bank  P.O. Box 180  Calcra, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names.  1a. DIGANIZATION'S NAME  OR 1b. INDIVIDUAL'S LAST NAME  DOUGLASS  SYLVIA  B. MIDDLE NAME  SUFFIX  803 15th Ave S.w.  Alabaster  AL 35007  COUNTY  41 JURISDICTION OF ORGANIZATION 110, ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION								
A. NAME & PHONE OF CONTACT AT FILER loptional) (205) 621-1000  Leston Acknowledgment to: (Name and Address)  Central State Bank  P.O. Box 180  Calera, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1. GRASANCATION'S NAME  DOUGLASS  SYLVIA  BMODLE NAME  SYLVIA  BMODLE NAME  SYLVIA  BOSTAL CODE  COUNTY  AL 35007  2. SEE MISTRUCTIONS  ADDITIONAL DEBTOR'S CXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S CXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S CXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or nombine names  2. ADDITIONAL DEBTOR'S CXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or nombine names  2. MALING ADDRESS  CAMBLIAG ADDRESS  THOMAS  E  THOMAS  E  THOMAS  E  THOMAS  E  SUFFIX  AL 35007  20. GRANIZATION  ORGANIZATION	U	CC FINANCIN	G STATEM	ENT				
Central State Bank  P.O. Box 180  Calera, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only une debtor name [1a or 1b) - do not abbreviate or combine names  1s. DRIGARIZATION'S NAME  OR [1b. INDIVIDUAL'S LAST NAME   SUFFIX  B	FO	LLOW INSTRUCTION	S (front and back	k) CAREFULLY				
Description of the property of			CONTACT AT FILI	ER [optional]				
Central State Bank  P.O. Box 180  Calera, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name [1.5 or 1.b) - do not abbreviate or combine names  15. NOVIDUAL'S LAST NAME  BYLVIA  BYLVIA				······································	······································			
P.O. Box 180  Calera, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  DOUGLASS  SYLVIA  B  SUFFIX  B  SYLVIA  B  SUFFIX  B  SYLVIA  B  SYLVIA  B  SYLVIA  B  STATE POSTAL CODE  AL 35007  20. ORGANIZATION'S NAME  DOGANIZATION INFO RE 16. TYPE OF ORGANIZATION OF ORGANIZ	B. S	SEND ACKNOWLEDG	MENT TO: (Name	e and Address)				
Calera, AL 35040  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  OR 1b. INDIVIDUAL'S LAST NAME  POUGLASS  SYLVIA  B  STATE POSTAL CODE AL 35007  COUNTR Alabaster AL 35007  AL 350		Central State	Bank					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  OR  1b. INDIVIDUAL'S LAST NAME  DOUGLASS  1c. MALING ADDRESS  1d. TYPE OF ORGANIZATION  ORGANIZATION  DORGANIZATION  DORGANIZATION  ADD'L INFO RE  1c. TYPE OF ORGANIZATION  DORGANIZATION  DORGANIZATION  DORGANIZATION  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  SYLVIA  B  SUFFIX  B  OUTY  AL  35007  1c. MALING ADDRESS  AL  35007  1d. JURISDICTION OF ORGANIZATION  DORGANIZATION 10 #, if any  DOUGLASS  THOMAS  THOMAS		P.O. Box 180						
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  OR 1b. INDIVIDUAL'S LAST NAME  DOUGLASS  1c. MAILING ADDRESS  AL 35007  1d. SEE INSTRUCTIONS  ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZ	,	Calera, AL 3	5040					
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  OR 1b. INDIVIDUAL'S LAST NAME  DOUGLASS  1c. MAILING ADDRESS  AL 35007  1d. SEE INSTRUCTIONS  ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZ						THE AROVE CDACE !	S EOD EILING OFFICE	TICE ONLY
THE INDIVIDUAL'S LAST NAME  DOUGLASS  SYLVIA  B  SUFFIX  SYLVIA  B  SUFFIX  STATE  AL  35007  16. SEE INSTRUCTIONS  GRANIZATION  GRANIZATION  GRANIZATION  GRANIZATION  ADD'L INFO RE 196. TYPE OF ORGANIZATION  GRANIZATION  GRANIZATION  GRANIZATION  AND  CEFTOR  DOUGLASS  THOMAS  E  CITY  Alabaster  AL  35007  CITY  Alabaster  AL  35007  20. SEE INSTRUCTIONS  AL  35007  21. JURISDICTION OF ORGANIZATION  CITY  AL  35007  22. JURISDICTION OF ORGANIZATION  GRANIZATIONAL ID #, if any  GRANIZATIONAL ID #, if any  GRANIZATION  CITY  AL  35007  23. SECURED PARTY'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  Central State Bank  OR  30. MARLING ADDRESS  CITY  Central State Bank  OR  31. POSTAL CODE  COUNTR  AL  35007  24. JURISDICTION OF ORGANIZATION  Central State  Central State  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  AL  35007  25. JURISDICTION OF ORGANIZATION  Central State  Central State  Central State  Central State  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  Central State  Central State  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  Central State  Central State  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  Central State  Central State  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  Central State  Central State  FIRST NAME  MIDDLE NAME  SUFFIX  FOSTAL CODE  COUNTR  AL  35040  COUNTR  Central State  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRS	1 0	EDTODIC EVACT ELL			(1 1 - 1		3 FUR FILING OFFICE	USE UNLY
DOUGLASS  10. MAILING ADDRESS  803 15th Ave S.W.  Alabaster  AL  Alabaster  AL  Abolt info rel 10. Type of organization organization of organization organ	1. U			- insert only one deptor name (	(Ta or Tb) - do not abbrev	viate or combine names		
Alabaster   Alab	-						DLE NAME	SUFFIX
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  DOUGLASS  THOMAS  E  2c. MAILING ADDRESS  803 15th Ave. S.w.  Alabaster  AL 35007  26. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION OF OR								COUNTRY
2a. ORGANIZATION'S NAME  DOUGLASS  THOMAS  E  CITY STATE POSTAL CODE AL 35007  2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME Central State Bank  OR 3b. INDIVIDUAL'S LAST NAME  TRY  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTRY AL 35007  CITY  CENTRAL STATE POSTAL CODE COUNTRY AL 35007  COUNTRY AL AL 35007  COUNTRY AL AL 35007  COUNTRY AL COUNTRY A	1d. <u>s</u>	SEE INSTRUCTIONS	ORGANIZATION		1f. JURISDICTION OF OR	IGANIZATION 1g.	ORGANIZATIONAL ID #,	if any
OR    2b. INDIVIDUAL'S LAST NAME   FIRST NAME   THOMAS   E				EGAL NAME - insert only one	debtor name (2a or 2b) -	do not abbreviate or cor	nbine names	
POUGLASS   THOMAS   FIRST NAME   THOMAS   E   SUFFIX		2a. ORGANIZATION'S N	IAME					
2C. MAILING ADDRESS  803 15th Ave. S.w.  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEETOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  Central State Bank  OR  3b. INDIVIDUAL'S LAST NAME  CITY  STATE POSTAL CODE  COUNTRY  AL 35007  2g. ORGANIZATIONAL ID #, if any  AL 35007  2g. ORGANIZATIONAL ID #, if any  AL 35007  2g. ORGANIZATIONAL ID #, if any  CITY  Central State Bank  OR 3b. INDIVIDUAL'S LAST NAME  CITY  Calera  AL 35040  COUNTRY  AL 35040  COUNTRY  AL 35040  COUNTRY  AL 35040		]			FIRST NAME	MIC	DLE NAME	SUFFIX
Alabaster  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  Central State Bank  OR  3b. INDIVIDUAL'S LAST NAME  TITY  Calera  AL 35007  2g. ORGANIZATIONAL ID #, if any  INDIVIDUAL ID #, if any  IN		DOUGLASS			THOMAS	$\mathbf{E}$		
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  Central State Bank  OR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  3c. MAILING ADDRESS  P.O. Box 180  Calera  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.			.W.					COUNTRY
33. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  Central State Bank  OR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  3c. MAILING ADDRESS  P.O. Box 180  Calera  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.	2d. <u>s</u>	SEE INSTRUCTIONS	ORGANIZATION		2f. JURISDICTION OF OF			if any NONE
Central State Bank  OR 3b. INDIVIDUAL'S LAST NAME  CITY  P.O. Box 180  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.	3. S	ECURED PARTY'S NA		f TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only o	ne secured party name	(3a or 3h)	
OR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  3c. MAILING ADDRESS  P.O. Box 180  Calera  CITY  Calera  COUNTR  Calera  AL 35040  Country  Country  Calera  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.		3a. ORGANIZATION'S N	AME					
P.O. Box 180  Calera  AL 35040  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.	i			FIRST NAME	MID	DLE NAME	SUFFIX	
P.O. Box 180  4. This FINANCING STATEMENT covers the following collateral:  One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.	3c. N	MAILING ADDRESS			CITY	STA	TE POSTAL CODE	COUNTRY
One (1) used 1986 SUNCOVE Mobile Home S/N #: 21-G11655-DAVID together with all parts, attachments, accessories, repairs, improvements, and access whether now existing or hereafter acquired by debtor and used in conjunction therewith, and proceeds thereof; where ever located.	P.O. Box 180				Calera			
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							2006111700	0564720

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/	E/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	
8. OPTIONAL FILER REFERENCE DATA	
FILING OFFICE COPY UCC FINANCING STATEMENT (FORM UCC1) (REV. (	$\Delta E / 22 / \Delta 2$
TENNO OF TOE COLL "- OCC INMINUNG STATEMENT (FORM OCC) (REV. (	U0/ZZ/UZ}

RE: SYLVIA B. DOUGLASS
THOMAS E. DOUGLASS

LOAN:

FILE NO: R06-15145



## EXHIBIT "A"

Begin at the NE corner of Parcel A of Compton's Subdivision, as recorded in Map Book 35, Page 87, in the Office of the Judge of Probate of Shelby County, Alabama; being situated in the SW ¼ of Section 8, Township 24 North, Range 13 East, Shelby County, Alabama, said point being the Point of Beginning, said point also lying on the Westerly R.O.W. line of Shelby County Highway 89, 80' R.O.W.; thence North 17 degrees 58 minutes 47 seconds West along said R.O.W. line a distance of 219.39 feet to the beginning of a curve to the left, having a radius of 460.00, a central angle of 30 degrees 44 minutes 33 seconds, and subtended by a chord which bears North 33 degrees 26 minutes 49 seconds West, and a chord distance of 243.87 feet; thence along the arc of said curve and said R.O.W. line, a distance of 246.83; thence South 10 degrees 34 minutes 00 seconds West and leaving said R.O.W. line, a distance of 250.96 feet; thence South 89 degrees 03 minutes 54 seconds West, a distance of 80.00 feet; thence South 02 degrees 18 minutes 37 seconds East, a distance of 169.53 feet; thence North 89 degrees 03 minutes 54 seconds East, a distance of 521.35 feet to the point of beginning.