Company of the State of the Sta

|  | -                           |                          | •                | 2007           | 70226006 |  |            |
|--|-----------------------------|--------------------------|------------------|----------------|----------|--|------------|
| UCCFINANCINGSTATEMENT  |                             | · · ·                    |                  |                |          | 134260 1/3 \$36<br>Judge of Prob<br>11:11:54AM FIL | _          |
| A. NAME & PHONE OF CONTACT AT FILER [options  J. RUFFIN (205) 226-1902   |                             |                          |                  |                | •        |  |            |
| B. SEND ACKNOWLEDGMENT TO: (Name and Add<br>ALABAMA POWER COMPANY<br>600 N. 18TH STREET  |                             |                          |                  | •              |          |  |            |
| BIRMINGHAM, AL 35291   |                             |                          |                  |                | •        |  |            |
|  | •                           |                          | ΤH               | E ABOVE SP     | ACEISF   | OR FILING OFFIC                                    | E USE ONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only Ta. ORGANIZATION'S NAME  | one debtor name (1:         | a or 1b) - do not abbrev | viate or combine | names          |          |  |            |
| OR 16. INDIVIDUAL'S LASTINAME  |                             | FIRSTMANE                |                  |                | MIDDLE   | ENAME  | SUFFIX     |
| 1c. MAILING ADDRESS  Z35  Liowa 57   |                             | CITY                     | Jem/             | 0              | STATE    | 32/12  | COUNTRY    |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE - 1e. TYPE OF ORGANIZATION DEBTOR   | ORGANIZATION                | 1f.JURISDICTION          | OFORGANIZA       | TION           | _ 1g,ORG | ANIZATIONAL ID#, ii                                | any        |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAI<br>2a. ORGANIZATION'S NAME   | ME - insert only <u>one</u> | debtor name (2a or 2b)   | - do not abbrevi | ate or combine | names    |  |            |
| 2b. INDIVIDUAL'S LAST NAME  2b. INDIVIDUAL S LAST NAME  2b |                             | FIRST NAME.              | 12               |                | H        |  | SUFFIX     |
| 2c. MAILING ADDRESS  Same  |                             | CITY                     |                  |                | STATE    | POSTAL CODE  | COUNTRY    |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR   | ORGANIZATION                | 2f. JURISDICTION         | OFORGANIZAT      | ION            | 2g. ORG  | ANIZATIONAL ID#, if                                | any        |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNATION'S NAME  ALABAMA POWER  | GNEE of ASSIGNOR            | S/P) - insert only one   | secured party na | me (3a or 3b). |          |  |            |
| OR 3b. INDIVIDUAL'S LAST NAME  | ·                           | FIRST NAME               |                  |                | MIDDLE   | NAME   | SUFFIX     |
| 3c. MAILING ADDRESS 600 N. 18TH STREET   | · •                         | CITY BIRMINGH            | AM               |                | STATE    | POSTAL CODE<br>35291                               | COUNTRY    |
| 4. This FINANCING STATEMENT covers the following collateral:   | •                           |                          |                  |                |          |  |            |
| THE FOLLOWING HEAT PUMP, WH<br>DESCRIBED IN ITEM 14 OF THIS FI   |                             |                          | THE RES          | IDENCE         | LOCAT    | CED ON THE   | PROPERTY   |
| BRAND: (R/C  |                             |                          |                  |                |          |  |            |
| \$   |                             |                          |                  |                |          |  |            |
|  | <del>=</del> =              | 76B3F                    | 6 A-100          | ACC            |          |  |            |
|  | H-710                       | 156561                   |                  |                |          |  | \$ 4,600   |

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

1. Inis Financing Statement is to be filed (for record) (or recorded) in the REAL TO Check to REQUEST SEARCH REPORT (S) on Debtor(s).

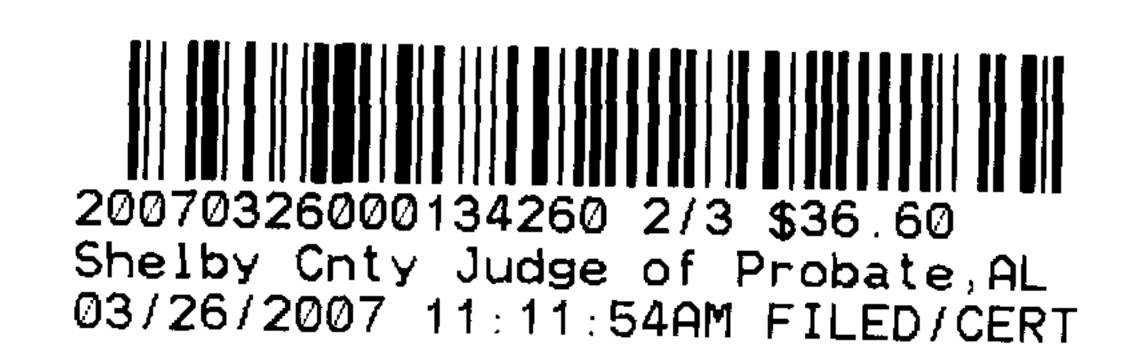
All Debtor 1 Debtor 2

Inis Financing Statement is to be filed for record (or recorded) in the REAL INTERPORT (S) on Debtor(s).

All Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

1



UCC FINANCING STATEMENT ADDEN

|  |                                     |                       | •             |                       |          | •              | -      |
|--|-------------------------------------|-----------------------|---------------|-----------------------|----------|----------------|--------|
| 95. INDIVIDUAL'S LAST NAME FIRST NAME  | MIDDLENAMESUFF                      | i×                    |               |                       |          |                |        |
| 10. MISCELLANEOUS:   |                                     |                       |               |                       |          |                |        |
|  | •                                   |                       |               |                       |          |                |        |
|  |                                     |                       |               |                       |          |                |        |
|  | •<br>•                              |                       |               |                       |          |                | -      |
|  |                                     |                       | •             |                       |          | •              | ,      |
|  |                                     |                       |               |                       |          |                |        |
|  |                                     | THEABOV               | Æ SPACÈ       | IS FOR FILING O       | FFICEU   | SEONLY         |        |
| 1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME-insert only   | one name (11a or 11b) - do not abbr | viāte or combine na   | mes           |                       |          |                | i<br>I |
| 11a. ORGANIZATION'S NAME   | •                                   |                       |               |                       |          |                |        |
| R 11b. INDIVIDUAL'S LAST NAME  | FIRST NAME                          |                       | MIDDLE        | NAME                  | <u></u>  | SUFFIX         | •      |
|  |                                     |                       |               |                       |          |                |        |
| & MAILING ADDRESS  | CITY                                |                       | STATE         | POSTAL CODE           | <u> </u> | COUNTRY        | •      |
| d. TAX ID # SSN OR EIN ADD'L INFO RE 11e TYPE OF ORGANIZATION  | 1 11f. JURISDICTION OF ORGA         | NIZATION              | 11a. ORG      | SANIZATIONAL ID #.    | if any   | ,              |        |
| d. TAX ID# SSN OREIN ADD'L INFO RE 11e TYPE OF ORGANIZATION ORGANIZATION DEBTOR                                |                                     |                       |               | •                     |          | NONE           |        |
|  | P'S NAME - insert only one name     | (12a or 12b)          |               |                       |          |                | •      |
| 12a ORGANIZATION'S NAME  | •                                   |                       |               |                       |          |                |        |
| 125. INDIVIDUAL'S LAST NAME  | FIRST NAME                          | <u></u>               | MIDDLE I      | NAME                  |          | SUFFIX         |        |
|  |                                     |                       |               | · •                   | ,<br>: • |                | •      |
| MAILING ADDRESS  | CITY                                |                       | STATE         | POSTAL CODE           |          | COUNTRY        |        |
| This FINANCING STATEMENT covers   timber to be cut or   as-extracte  | d 16. Additional collateral descr   | ntion                 |               |                       |          |                |        |
| collateral, or is filed as a fixture filing.   |                                     |                       | •             |                       | ,<br>•   | •              |        |
| Déscription of real estate:  THE REAL PROPERTY DESCRIBED ON THE  |                                     |                       |               |                       |          | •              | •      |
| TTACHED DEED.  |                                     |                       |               |                       |          |                |        |
|  | ±                                   |                       |               |                       |          |                | . •    |
|  |                                     |                       |               | •                     |          |                |        |
| •  | [                                   |                       |               |                       |          |                | •      |
|  |                                     | .,                    |               | · •                   | •        |                | •      |
|  |                                     | •                     | •             |                       |          |                |        |
|  |                                     |                       |               |                       | •        | •              |        |
|  |                                     |                       |               |                       |          |                |        |
|  |                                     |                       |               |                       |          |                |        |
|  |                                     |                       |               |                       |          |                |        |
| Name and address of a RECORD OWNER of above-described real estate  |                                     |                       |               | •                     |          |                |        |
| Name and address of a RECORD OWNER of above-described real estate  |                                     |                       |               | •                     |          |                |        |
| Name and address of a RECORD OWNER of above-described real estate  | 17. Check only if applicable and    |                       |               |                       |          |                |        |
| Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): | <b>)</b>                            | istee acting with res | spect to pros | perty held in trust o | Dece     | edent's Estate |        |

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## This form furnished by: Cahaba Title, Inc.

Eastern Office (205) 833-1571 PAX 833-1577 Riverchase Office (205) 988-5600 FAX 988-5905

| This instrument was prepared by: (Name) Holliman, Shockl   | ev & Kellv  | Send Tax Notice to: (Name) MALCOLM H. MCFA                                    | ARLAND & GLORIA H.   |  |
|--|---|---|--|--|
| (Address) 2491 Pelham Park   | way   | (Address) 235 Kiowa Stro  | eet MCFARL   | AND  |
| Pelham, AL 35124   | · · · · · · · · · · · · · · · · · · ·                         | Montevallo, Al  | L 35115  |  |
|  | EED, JOINTLY FOR LIF  | E WITH REMAINDER TO ST  | URVIVOR  |  |
| STATE OF ALABAMA SHELBY COUNT  | Y KNOW ALL N  | ien by these presents,  |  |  |
| That in consideration of One Hundr   | ed Ten Thousand and   | no/100  | DC   | DLLARS   |
| to the undersigned grantor or grantors in FRANCES EDRIE ANDREWS, AN (herein referred to as grantors), do grant, b  | n hand paid by the GRAI<br>UNMARRIED WOMAN                    | NTEES herein, the receipt of w  |  | igcd, we,  |
| MALCOLM U. MCFARLAND and w   | lfe, GLORIA H. MCFA   | RLAND   | in the second se |  |
| (herein referred to as GRANTEES), as joi   | nt tenants, with right of surv                                | ivorship, the following described   |  |  |
| SHELBY   | County  | , Alabama, to-wit:  |  | 20070326000134260 3/3 \$30.00  |
| Lot 84, according to the S<br>in Map Book 6, Page 28, in<br>Alabama. Situated in Shel  | the Office of the   | Judge of Probate of Sh  | i, as recorded   | Shelby Cnty Judge of Flobato, 1908 103/26/2007 11:11:54AM FILED/CERT |
| SUBJECT TO: (1) Taxes for restrictions, reservations of record, if any. (3) Mi   | , rights-of-way, li   | imitations, covenants a   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
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|  | •   |   |  |  |
| •  |   |   |  |  |
|  |   |   |  |  |
|  | 1   | 08/28/1995-2357 (DB/28/1995-2357)   |  |  |
|  | . 01  | B = 58 AM LE OF PROPATE   |  |  |
|  | , <u>,</u>  | DOI NCD 118.50  |  |  |
|  | ! · ·   |   |  |  |
|  | •   |   | •  |  |
| TO HAVE AND TO HOLD, Unit being the intention of the parties to this lives of the grantees herein) in the event on and, if one does not survive the other, the   | conveyance, that (unless the grantee herein survives the      | o joint tenancy hereby created is so<br>other, the entire interest in fee sim | severed or terminated during ple shall pass to the survivin  | g the joint  |
| And I (we) do, for myself (ourselve and assigns, that I am (we are) lawfully selected that I (we) have good right to sell a shall warrant and defend the same to the Continuous INWINESS WHEREOF,  | zed in fee simple of said pre<br>ind convey the same as a for | mises; that they are free from all cosaid; that I (we) will, and my (ou       | encumbrances, unless others or) heits, executors and adm ful claims of all persons.  | wise noted   |
|  |   |   |  |  |
| WITNESS  | (Sca!)  | France Co   | ANDREWS  | (Scal)   |
|  | (Scal)  | FRANCES EDRIE   | ANDREWS  | (Scal)   |
|  |   |   |  |  |
| The results of the second of t | (Seal)  | <u> </u>  | <u>.                                    </u>   | (Scal)   |
|  | unty   General Ackno  | wiedgment   |  |  |
| I, the undersigned au certify that FRANCES EDRIE ANDRE   |   | 234 A 31  | I for said County, in said Sta   |  |
|  |   | ore me on this day that, being infor  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | rily on the day the same bea                                  |   |  |  |
| Olven under my hand and official seal, the   |   | August  | D. 19 95   |  |
| ····   | 7-25-5  |   |  |  |
| My Commission Explication  | -   | · · · · · · · · · · · · · · · · · · ·   | Notary Public  |  |