1/2/	•		
- Lella			
5'	•		

And the second second

	•	·	She	1by Cnty (59020 1/4 \$36.80 Judge of Probate, A 1:47:39AM FILED/CE	L. RT
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULL 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						
				PACE IS FO	OR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only or 1a. ORGANIZATION'S NAME	<u>1e</u> debtor name (1a	or 1b) - do not abbreviat	e or combine names			•
OR 16. INDIVIDUAL'S LAST NAME SASTANAME		FIRST NAMES		MIDDLE		SUFFIX
1c. MAILING ADDRESS 1c. MAILING ADDRESS 1c. MAILING ADDRESS 1c. MAILING ADDRESS ADD'L INFO RE - 1e. TYPE OF O	DO ANEZATION	CITY A 1f. JURISDICTION O	ORGANIZATION	STATE AL 19. ORG	POSTAL CODE 3500 ANIZATIONAL ID #, if any	US
Tid. TAX ID #: SSN-OR EIN - ADD'L INFO RE - 1e. TYPE OF O. ORGANIZATION DEBTOR			_			NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME 2a. ORGANIZATION'S NAME	E - insert only <u>oπe</u> d	lebtor name (2a or 2b) - c				
OR 25. INDIVIDUAL'S LAST NAME	:	FIRST NAME			NAME	SUFFIX
2c. MAILING ADDRESS	: .	CITY		STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	i	2f. JURISDICTION OF	•	<u> </u>	ANIZATIONAL ID#, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGN 3a. ORGANIZATION'S NAME ALABAMA POWER	VEE of ASSIGNOR	S/P) - insert only one se	cured party name (3a or 3b			
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME		WIDDLE	NAME	SUFFIX
30. MAILING ADDRESS 600 N. 18TH STREET	•	BIRMINGHA	M	STATE	POSTAL CODE 35291	US
4. This FINANCING STATEMENT covers the following collateral:	<u> </u>		<u>- </u>			
THE FOLLOWING HEAT PUMP, WHI DESCRIBED IN ITEM 14 OF THIS FIN BRAND:	IANCING S'	STALLED AT' FATEMENT:	4 June	E LOCA	TED ON THE PRO	PERTY
		1107 E05			\$_	3,150

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

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

1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

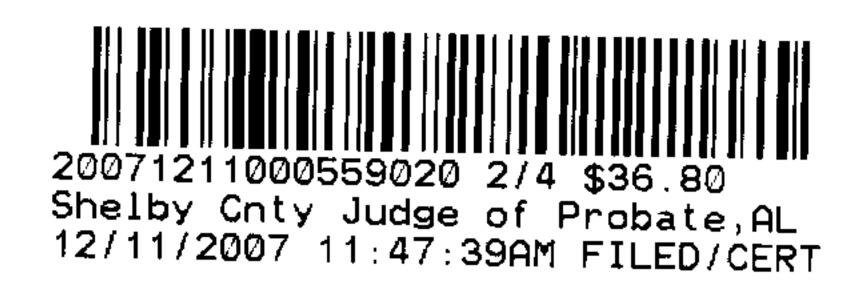
1. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

2. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

3. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING

4. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN DESIGNATION [if applicable] AG. LIEN BAILEE/BAILOR BAILEE/BA

8. OPTIONAL FILER REFERENCE DATA



UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEB		كالمراوي فأكماك فانتجى المنافة الكاليسة	ANICINIC ST	ATC 3 (C) 1 T						-	
9a, ORGANIZATION'S NA			TACING 24	AI EWENI		<u>.</u> .					
•		-				•					
95. INDIVIDUAL'S LAST N	AME	FIRST NAME		MIDDLE NA	ME SUFFIX		•				
Soore	1		.			•					-
		TO 3	-			•					
, MISCELLANEOUS:	•	-		•							
	•			•							
		•			•	:	•				•
			·	÷		•	·		•	· .	:
				•							
: ·	;					THEABOV	E SPACÈ I	S FOR FILING	OFFICE USE	EÓNIY	
ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME~ ins	sert only one r	rame (11a oc 11b) - do	ingt abbroviate						→
11a. ORGANIZATION'S NA	ME		oct deny one i	manie (112 dr. 110) - dd	,	or combine name	167			<u></u>	-
								·			
11b. INDIVIDUAL'S LAST N	AME			FIRST NAME			MIDDLE !	_		UFFIX	-
	**************************************						•		·· :		
MAILING ADDRESS			· 	CITY	#	. 	STATE	POSTAL CODE	c	OUNTRY	- .
	·								_	•	
_	ADD'LINFO RE 11 ORGANIZATION	e TYPE OF ORGAN	IZATION	11f. JURISDICTION	OFORGANIZA	NON	11g. ORG	ANIZATIONAL ID	#, if any		→ .
	DEBTOR.	· · · · · · · · · · · · · · · · · · ·		<u>1</u>		• .	1	• <u> </u>		NONE	
ADDITIONALSECU		or ASSIGN	OR S/P'S	NAME - insert only	<u>оле</u> пате (12a	ar 12b)					•
12a ORGANIZATION'S NAM	Œ .	•		·	•						
dot to to to to take to the Combine		· •	·		· 	- 4		. <u></u> .			
126. INDIVIDUAL'S LAST NA	rivie:			FIRST NAME	, •		MIDDLE N	AME	st	JFFIX	_
MAN INC ADDDESS		· ·			<u>. </u>			· · · · · · · · · · · · · · · · · · ·	;.	• •	
MAILING ADDRESS		. •		CITY			STATE	POSTAL CODE		UNTRY	
his FINANCING STATEMEN		to be cut or as		40					<u> </u>		
collateral, or is filed as a		as La cat of	extracted	16. Additional collate	nei description:			•	•	•	••
escription of real estate:	•							•	•		
HE REAL PROPER	TY DESCRIE	ED ON THE		•				~1		-	•
TTACHED DEED.											
•	•	•		•						•	• •
•	••				_			•		•	
		•	^	•	-	•	•	•	2 \$		•
•		•		•		•		•	•		
•		. •		•	•		•	•			•
•			-								
									•		
										-	
									.a.		
me and address of a RECOR	RD OWNER of above	-describled real estati						<u>-</u>	•		
Debtor does not have a recon	•			•				•			
-		-									
			-5-	7. Check <u>only</u> if applic	ahle and chack	Only one box					
	-		ľ				بهربة إن جيميد	erty held in trust	Or Pecede	nt's Felsta	
			• • • •				real in bloom	ाले स≃ात ।स म्रह्म	art Incoend	مادت سازهان	
											
			18	3. Check only if applica	able and check	oull cue pox	<u>-</u>				
			18	3. Check only if applica	able and check	oull cue pox	<u>-</u>				<i>.</i> . •

STATE OF ALABAMA

20020912000430920 Pg 1/2 38.00 Shelby Cnty Judge of Probate, AL 09/12/2002 14:27:00 FILED/CERTIFIED

STATE OF Alabama

COUNTY OF Shelby

Send Tax Notice
Ross D. Sposato
117 Colonial Drive
Alabaster, Alabama 35007

KNOW ALL MEN BY THESE PRESENTS, that in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations to the undersigned Grantor, Cendant Mobility Government Financial Service Corporation, a Delaware Corporation, herein referred to as Grantor, in hand paid by

Ross D. Sposato, an unmarried man

20071211000559020 3/4 \$36.80 Shelby Cnty Judge of Probate, AL 12/11/2007 11:47:39AM FILED/CERT

herein referred to as Grantee(s), the receipt of which is hereby acknowledged, the said Grantor does by these presents, grant, bargain, sell and convey unto said Grantee(s), as joint tenants and upon the death of either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described real estate situated in Shelby County, Alabama, to-wit:

Lot 44-AA, according to a Resurvey of a Resurvey of Valley Forge of Lots 44 and 45 dated March 12, 1996, and recorded in Map Book 21, Page 7, in the Probate Office of Shelby County, Alabama.

**

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

- * Subject to current taxes, easements and restrictions of record.
- ** \$119,000.00 of the Purchase Price was paid from the proceeds of a mortgage recorded simultaneously herewith.

IN WITNESS WHEREOF, t	he undersigned have hereto set their hands and seals th	nis <u>20</u>						
day of Angust, 20 D.								
	CENDANT MOBILITY GOVERNMENT FINA SERVICE CORPORATION A DELAWARE CORPORATION By:	NCIAL						
	Title) (locin hart							
STATE OF MILLIAGO 4PP		20071211000559020 4/4 \$36.80 Shelby Cnty Judge of Probate, AL 12/11/2007 11:47:39AM FILED/CERT						
COUNTY OF Livids		Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
I, the undersigned, a Notary Public in and for said County and State, hereby certify that, whose name as								
Given under my hand and of	ficial seal, this 20 day of <u>August</u> , 2002							
	Notary Public							

My commission Expires:

Fred A. Ross, Esq.

My Commission Expires October 12, 2002

This instrument prepared by:

Mid South Title Agency, Inc.

Cendant File # 1316266

499 South President Street / P.O. Box 23429

Jackson, Mississippi 39201/39225-3429