



20080603000224030 1/6 \$176.00
Shelby Cnty Judge of Probate, AL
06/03/2008 12:37:50PM FILED/CERT

This Document Prepared By:

Attorney Anthony Rosa, Land Management
American Tower Corporation
10 Presidential Way
Woburn, MA 01801
Attn: Land Management
ATC Site No.300244
Site Name: Calera, AL
TAX PARCEL ID NUMBER(S):

(Recorder's Use Above this Line)

STATE OF ALABAMA

Cross Reference Deed Book 339, Page 73

COUNTY OF SHELBY

GENERAL WARRANTY DEED

THIS INDENTURE, made as of the 29th day of January, 2008, between **KERMIT H. ROBERSON**, a married man of **2699 16th Street, Calera, AL 35040** (hereinafter referred to as "GRANTOR"), and **American Tower Asset Sub, LLC, a Delaware limited liability company, its successors and assigns of 116 Huntington Avenue, Boston, MA 02116** (hereinafter referred to as "GRANTEE").

WHEREAS, Grantor currently leases the Land (as described below), or a portion thereof, to Grantee pursuant to the terms of that certain lease agreement dated May 16, 1995 between Kermit H. Roberson and Mary C. Roberson, predecessor in interest to Grantor, as landlord, and Dial Call, Inc., a Delaware corporation, predecessor to Grantee, (as the same may have been amended from time to time, the "Lease"); and

WHEAREAS, Grantor and Grantee desire to terminate the Lease.

Shelby County, AL 06/03/2008
State of Alabama

Deed Tax:\$150.00

WITNESSETH:

THAT GRANTOR, for and in consideration of the sum of ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000.00) and other good and valuable consideration, in hand paid at and before the sealing and delivery of these presents, the receipt and sufficiency of which are hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said GRANTEE, all that tract or parcel of land being more particularly described on Exhibit "A" attached hereto and by this reference incorporated herein (the "Land").

TO HAVE AND TO HOLD, the said tract or parcel of land, with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining, to the only proper use, and benefit of the said GRANTEE forever in Fee Simple.

AND THE SAID GRANTOR will warrant and forever defend the right and title to the above described property unto the said GRANTEE against the claims of all persons.

Grantor and Grantee hereby terminate the Lease effective as of the day and year first written above.

[Signatures Appear on Following Page]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement under seal as of the day and year set forth below.

WITNESSES:

GRANTOR:

Print Name:

Kermit H. Roberson (Seal)
Kermit H. Roberson
Date: Jan. 1, 2008

Print Name:

STATE OF ALABAMA

)

) ss:

COUNTY OF SHELBY

)

On this date, before me, MITCHELL A. SPEARS, a notary public in and for said County and State, personally appeared KERMIT H. ROBERSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which they person(s) acted, executed the instrument.

WITNESS my hand and official seal, this 29th day of January, 2008

Signature: M A Spears

Notary Public

My Commission Expires: 08/13/09

{Seal}

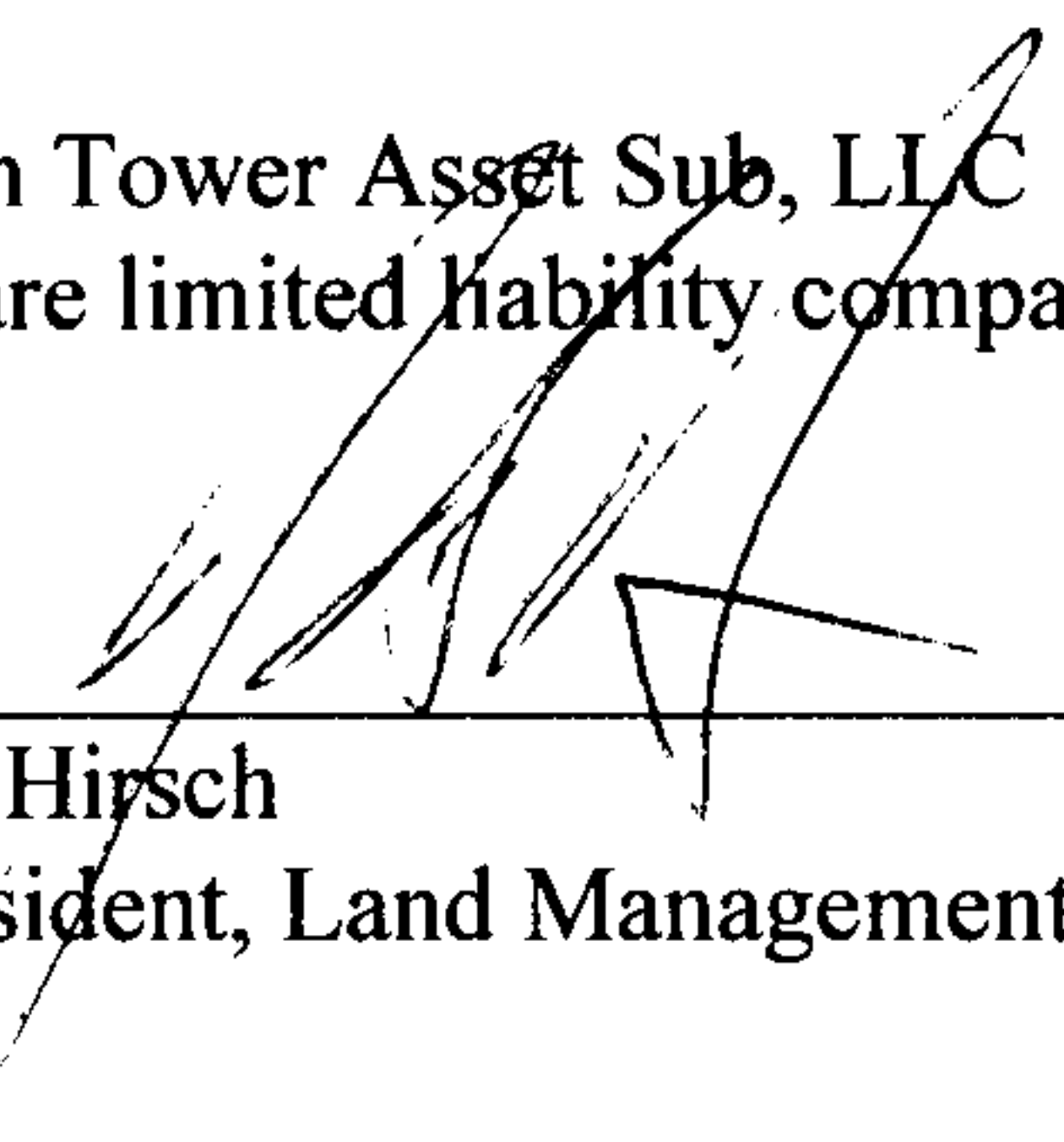
[Signatures Continued on Following Page]

Grantee's Joinder

Grantee hereby joins in the execution of this Warranty Deed for the sole purpose of agreeing to the termination of the Lease, as set forth hereinabove. Other than the foregoing, Grantee makes no representations or warranties with respect to the contents of this Warranty Deed.

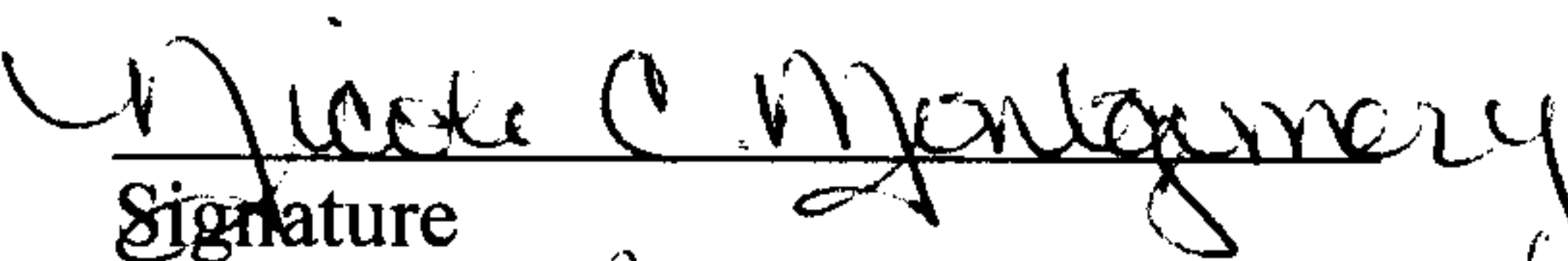
GRANTEE:

American Tower Asset Sub, LLC
a Delaware limited liability company




Jason D. Hirsch
Vice President, Land Management

WITNESSES:



Signature
Print Name: Nicole C. Montgomery



Signature
Print Name: Terrence Wharton

Acknowledgement

STATE OF Massachusetts)

COUNTY OF Middlesex) ss:

On Jan 31, 2008 before me, Anthony V. Rosa, personally
(here insert name and title of the officer)

Appeared Jason D. Hirsch, personally known to me (or proved to me on
Name(s) of Document Signer(s)

the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which they person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Anthony V. Rosa
Notary Public

My Commission Expires: 3/27/09

{Seal}



Exhibit A

(to Warranty Deed)

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Description of the Land

Lot 2, according to the map and survey of Roberson Subdivision of Lots 1 & Lot 2, as recorded in Map Book 39, Page 100, in the Office of the Judge of Probate, Shelby County, Alabama.

SUBJECT TO:

- **Property taxes for 2008 and subsequent years.**
- **All minerals or mineral rights leased or granted by prior owners.**
- **Easements granted to Alabama Power Company dated May 8, 1993 and recorded in Instrument Number 1994-00466.**

The real property hereinabove described does not constitute the homestead of Grantor, nor that of his spouse, neither is it contiguous thereto.

Kermit H. Roberson, as Grantor herein is the surviving Grantee under that Warranty Deed, Joint with Right of Survivorship, recorded in the Office of the Probate Judge, Shelby County, Alabama, at Deed Book 339, Page 73; the other Grantee therein, Mary C. Roberson, having deceased on or about the 25th day of October, 1996.

Dated this 29th day of January, 2008


KERMIT H. ROBERSON

This is a true and exact copy of the record on file with the SHELBY County Health Department.

Lottie S. Maxwell
Signature of Local Registrar

November 15, 1996
Date of Issue



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ALABAMA

CERTIFICATE OF DEATH

County
File
Number --

State File Number 101

1. DECEASED—NAME First: Mary Middle: Charles Last: ROBERSON (Type last name all capitals)			2. DATE OF DEATH (Month, Day, Year) October 25, 1996		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Calera 35040			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 288 Hwy. 310		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) n/a			8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Female			11. AGE 55 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) January 25, 1941			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+)		
16. MARITAL STATUS (Specify Married, never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Kermit Houston Roberson		18. Was Decedent ever in Armed Forces (Specify Yes or No) No		
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Calera 35040	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 288 Hwy. 310		25. INFORMANT—Name and Address Kermit H. Roberson 288 Hwy. 310, Calera, AL 35040			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Vice President				27. KIND OF BUSINESS OR INDUSTRY Convenience Store			
28. FATHER—NAME First: Eugene Middle: Killingsworth Last: Killingsworth			29. MAIDEN NAME OF MOTHER— First: Mallie Middle: Dorothy Last: Horton				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Oct. 26, 1996		32. CEMETERY OR CREMATORY—Name Shelby Memory Gardens		33. LOCATION—(City or Town—State) Calera, Alabama	
34. FUNERAL HOME—Name and Address Bolton-Brown Service P.O. Box 1066, Columbiana, AL 35051				35. FUNERAL DIRECTOR—Signature <u>Anne S. Smith</u>		36. DATE SIGNED BY FUNERAL DIRECTOR Oct. 26, 1996	
37. — Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner/Coroner (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated.) Signature: <u>[Signature]</u>					38. DATE SIGNED (Month, Day, Year) 11/5/96		
39. TIME AND DATE OF DEATH 10/25/96		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Edward E. Partridge, M.D.			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) UAB Department Ob/Gyn, 618 South 20th Street, Birmingham, AL				43. CERTIFIER LICENSE NUMBER AL AL 6736			
44. REGISTRAR—Signature <u>Lottie S. Maxwell</u>				45. DATE FILED (Month, Day, Year) Nov. 8, 1996		46. For State or County use only	

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Recurrent serous E.P. Schwannoma of ovary</u> DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. None		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		50. AUTOPSY (Specify Yes or No)
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)		
52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)
54. HOUR OF INJURY		
55. INJURY AT WORK (Specify Yes or No)		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)		

This is a legal record and must be filed within five (5) days after death.

ADPH-MS 2 Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT

MANENT
DO NOT
RED, OR

ANY ALTERATIONS VOID THIS DOCUMENT

DECEASED

BURIAL

CERTIFIER

CAUSE