New York			
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	•		
A. NAME & PHONE OF CONTACT AT FILER [optional]  J. RUFFIN (205) 226-1902		20081121000445820 1/3 \$37. Shelby Cnty Judge of Proba 11/21/2008 11:15:38AM FILE	.80 ate,AL
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			•
I ALABAMA POWER COMPANY 600 N. 18TH STREET BIRMINGHAM, AL 35291			•
			•
	THE ABOVE	SPACE IS FOR FILING OFFICE US	EONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1:	a or 1b) - do not abbreviate or combine names	· · · · · · · · · · · · · · · · · · ·	•
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUF
10. MAILING ADDRESS  (D) FORGOTTEN LANE	MONTEVALLO	STATE POSTAL CODE AL 35/15	COL
1d. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or com	bine names	<del></del>
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUF
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COL
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	AL 2g. ORGANIZATIONAL ID #, if any	<u> </u>

OR 26. INDIVIDUAL'S LAST NAME	·	FIRST NAME		MIDDLE	NAME	SUFFIX
	:		•			
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE .	COUNTRY
	7	· · · · · · · · · · · · · · · · · · ·		AL ·		US
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYF	PEOFORGANIZATION	2f. JURISDICTION OF ORGANIZATION	ON	1	ANIZATIONAL ID #, if ar	<u> </u> 1 <b>y</b>
ORGANIZATION DEBTOR	:		·			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL	ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party nan	ne (3a or 3b)			
3a. ORGANIZATION'S NAME						••
ALABAMA POWER	•			•		
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	<del> </del>	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	<del></del>	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
600 N. 18TH STREET		BIRMINGHAM .		AL	35291	US
4. This FINANCING STATEMENT covers the following collate	eral:			٠.		
THE FOLLOWING HEAT PUMP, DESCRIBED IN ITEM 14 OF THI BRAND: ARRIVE  OUT door	S FINANCING ST	ATEMENT:	TOBINCE I	, COCAT		
25HBB336A003	FY	4ANF036000 08AB2975				•
3408E20636	· 42	087602			-	\$5200.0
-						Ψ
		VEE/CONSIGNOR BAILEE/BA		LLER/BUY		NON-UCCFILING
6. This FINANCING STATEMENT is to be tiled for record ESTATE RECORDS. Attach Addendum	) (or recorded) in the REAL lif applicable	7. Check to REQUEST SEARCH eT FADDITIONAL FEET	Toption:	al)	All Debtors	Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

OLLOW INSTRUCTIONS (front and back) CAREFULLY				
3. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S	STATEMENT			1/ <b>3/1/////////////////////////////////</b>
9a. ORGANIZATION'S NAME	<u></u>	· · •		
	•		381121000445820 2/3 Judge of Judge Of	\$37.80
96. INDIVIDUAL'S LAST NAME FIRST MAKE - () AND R	MIDDLE NAME SUFFIX	200 She	181121000445820 2/3 181121000445820 2/3 181121000445820 2/3 191121008 Judge of 121/2008 11:15:38AM	FILED/CERT
10, MISCELLANEOUS:		•		
		THE ABOVE	SPACE IS FOR FILING C	FFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME-insert only on	name (11a or 11b) - do not abbrevi	até or combine name	es .	
11a. ORGANIZATION'S NAME	<u> </u>		•	
	, <u></u>			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
10 MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		IZATION	11g. ORGANIZATIONAL ID #	f, if any
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/F	O'S NAME - insert only one name	(12a or 12b)	,	
12a. ORGANIZATION'S NAME				
OR LOW MONTH ACT NAME	TOTAL ALE		MIDDLE NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME	FIRST NAME			
12c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
12G. WINGHIAG ADDITIOO		<b>.</b>		
3. This FINANCING STATEMENT covers timber to be cut or as-extracte collateral, or is filed as a fixture filing.	d 16. Additional collateral descrip	ation:		
4. Description of real estate: THE REAL PROPERTY DESCRIBED ON THE		•		
ATTACHED DEED.		•		
HEVIEW DEED.			•	
			•	
•				•
5. 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	_		*****
•	Debtor is a Trust or T	كالتوكان فالوسيب ببران فسيبسط الأفقودين		or Decedent's Estate
	18. Check only if applicable and		<b>.</b>	-
	Debtor is a TRANSMITTING Filed in connection with a M	{anufactured-Home ]	ransaction — effective 30 year action — effective 30 years	រទ

	, Lase	, 	. F	500,00
This form furnished by:	ahaba Titu	988-5600		
This instrument was prepared by:		Send Tax Notice to:/	0 P. 1	
Name) Cindy 8. Sirmon, Attorney	<u>/</u> 15124	(Name) Arthur (Address) A Thirty	1. 139	
Address) P.O. BOX BO. Pernam, AL.		Menteralla	11.la . 35.11	
	1920			
······································	WARRANTY D	KED		77
STATE OF ALABAMA  SHELBY COUNTY	KNOW ALL MEN	BY THESE PRESENTS,		
That in consideration ofTen_and No/1	<u>11100 (\$10.00) 0011</u> 2	irs	<u> </u>	, , , , , , , , , , , , , , , , , , ,
to the undersigned grantor (whether one or more Albert L. Roman and Virginia A.	re), in hand paid by the s	•	hereof is acknowled	lged, I or we.
therein referred to as grantor, whether one or		sell and convey unto		
Sandra R. Cox	•		<b>~</b> (	0081121000445820 3/3 \$37.80
therein referred to as grantoe, whether one of Shelby	more), the following d	lescribed real estate, situate County, Alabama, to-wit:	din ci	nelby Cnty Judge of Probate, AL 1/21/2008 11:15:38AM FILED/CER
The South 105 feet of four (4) a of the SE% of SE% of Section 36.	cres in the form Township 21, Ra	of a square in the nge 4 West, subject	to road right	rner t-of-way.
Grantor's Address:	•	Grantee's Addres	<b>5</b> :	
Albert L. & Virginia A. Roman		Sandra R. Cox	1 2	
Rt. 4. Box 138	. Padi ne ki kanalija	•	1. Deed Tax \$ 2. Mrg. Yax	<u> 50</u>
Montevallo, Alabama 35115	E'MI OF MA SHILE I CERTIFY THE	5	3. Recording Fa	- 50 - 50
중 ·	INSTRUMENT WAS		4. Indexing Fee	100
	OE VON 88	:12	TOTAL	1/00
S TO HAVE AND TO HOLD, To the said	OFRANTEE, his, ho	rentheir heirs and assigns	forever.	
And I (we) do, for myself (ourselves) and her or their heirs and assigns, that I am (we are unless otherwise stated above; that I (we) he (our) heirs, executors and administrators shall orever, against the lawful claims of all personnesses, against the lawful claims of all personnesses,	d for my (our) heirs, explaint to sell warrant and defend the one.	coutors and administrators, mple of said premises; that the and convey the same as also same to the said grantee,	covenant with said by are free from all e foresaid; that I (we) his, her or their hel	will, and my
IN WITNESS WHEREOF, I (we) have day of November 19 88	Heiennio set mix forti	Hallinia and severital services		
	(Scal)	abut Z	- Mysac	(Scal)
	(Seal)	- Mingenia	ROBERRE	
	(Sen1)			(Seal)
		<del></del>		
STATE OF ALABAMA SHELBY County	General Acknowles	dgment		
1. Vicki Daniel in said State, hersby certify that Albert	: L. Roman and Vi		ry Public in and fo	r anid County,
whose name(s) are signed to the foregoday that, being informed of the contents of the	sing conveyance, and who conveyance, they	ho are xixknown to inc executed the same voluntar	e, acknowledged bei	ore me on this ame beart date.
Given under my hand and official scal, this	s 9th day of	<u>November</u>	19	88
My commission expires: 12/		Wick	Namuel.	

Notary Public

My complession expires: 12/21/91