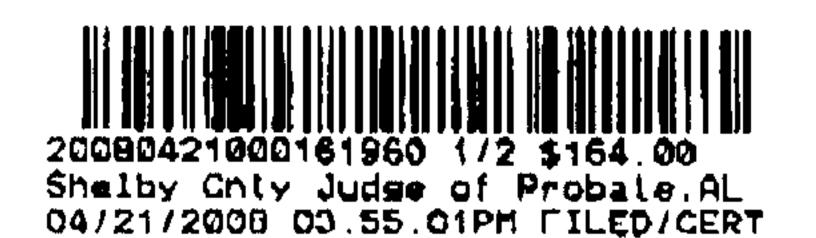
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY   |  |                   |                                       |                    |
|--|--|-------------------|---------------------------------------|--------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]   |  |                   |                                       |                    |
| J. RUFFIN (205) 226-1902   |  |                   |                                       |                    |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |                   |                                       |                    |
|  |  |                   |                                       |                    |
| AT ADARA DOMEDO COLORA DE  |  |                   |                                       |                    |
| ALABAMA POWER COMPANY  |  |                   |                                       |                    |
| 600 N. 18TH STREET   |  |                   | 0 1/4 \$50.75                         |                    |
| BIRMINGHAM, AL 35291   |  |                   | ge of Probate,AL<br>5:05PM FILED/CERT | . •                |
|  |  | 00,2000 02,00     |                                       |                    |
| f ·  |  |                   |                                       |                    |
| L,   |  |                   |                                       |                    |
|  | THE ABO  | VE SPACE IS FO    | OR FILING OFFICE U                    | SE ONLY            |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME  | a or 1b) - do not abbreviate or combine names    |                   |                                       |                    |
|  |  |                   |                                       |                    |
| OR 16. INDIVIDUAL'S LAST NAME  |  |                   | •                                     |                    |
|  | FIRST NAME                                       | MIDDLE            | NAME                                  | SUFFIX             |
| Drowning   | 1 thall.a  |                   | 22                                    | ļ                  |
| 1c. MAILING ADDRESS  | CITY   | STATE             | POSTAL CODE                           | COUNTRY            |
| $\Delta J \Delta J \Delta U U U U U U U U U U U U U U U $  | Yelham   | AL                | 35124                                 | US                 |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION   | 11. JURISDICTION OF ORGANIZATION                 |                   | ANIZATIONAL ID #, if any              |                    |
| DEBTOR   |  | •                 | •                                     | · <del>[ - 3</del> |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the ORGANIZATION'S NAME  | debtor name (2a or 2b) - do not abbreviate or co | ombino namos      |                                       | NON                |
| 2a. ORGANIZATION'S NAME  |  | NIIDHIO HGIHOS    | ·                                     |                    |
| OR ON THE PROPERTY OF THE PROP |  |                   |                                       |                    |
| 2b. INDIVIDUAL'S LAST NAME   | FIRST NAME                                       | MIDDLE            | NAME                                  | SUFFIX             |
|  |  |                   |                                       | 100.1.7            |
| 2c. MAILING ADDRESS  | CITY   | STATE             | POSTAL CODE                           | 00144              |
|  |  |                   | I COTAL CODE                          | COUNTRY            |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGANIZATION  | 2f. JURISDICTION OF ORGANIZATION                 | AL                | 441747100141 40 # 2                   | US                 |
| ORGANIZATION ' DEBTOR  | 1  | įzg. Orta         | ANIZATIONAL ID #, if any              |                    |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR   |  |                   |                                       | NONE               |
| 3a. ORGANIZATION'S NAME  | S/P) - Insert only one secured party name (3a    | or 3b)            |                                       |                    |
| ALABAMA POWER  |  |                   | •                                     |                    |
| 3b. INDIVIDUAL'S LAST NAME   | FIRST NAME                                       | MIDDLE            | MARKE                                 | I CHIEFTY          |
|  |  | MILDOFE 4         | AVAME                                 | SUFFIX             |
| c. MAILING ADDRESS   | CITY   | STATE             | IDOCTAL COOR                          |                    |
| 600 N. 18TH STREET   | BIRMINGHAM                                       | AL                | POSTAL CODE                           | COUNTRY            |
| . This FINANCING STATEMENT covers the following collateral:  | TOTAL COLICATOR                                  | AL                | 35291                                 | US                 |
| in a month of the covers me ioliowing collectel;   |  |                   |                                       |                    |
| THE FOLLOWING HEAT PUMP, WHICH WAS IN DESCRIBED IN ITEM 14 OF THIS EDUANGE OF  | ISTALLED AT THE RESIDEN                          | JCE I OCAT        | ED ON THE DD                          |                    |
| DESCRIBED IN ITEM 14 OF THIS FINANCING ST  | TATEMENT:  | VCE LOCAT         | ED ON INE PR                          | OPERIY             |
| 11   |  |                   |                                       |                    |
| BRAND:(へとい   |  |                   |                                       |                    |
| $\mathbf{w}_{adal}$  | Sac 1 #  | -                 |                                       |                    |
| <u>Vlodel</u>  | Sec. 21 H  | <del></del>       |                                       |                    |
| N4H348AKB300   | E0910187   | 108               |                                       |                    |
| ·  | X0833464   | 40                |                                       |                    |
| EDDHX48FAT2  | _  | ·                 | •                                     |                    |
| NEMPN 100F 2082  | A09084   | 3896              | •                                     |                    |
|  |  |                   | /                                     | \                  |
|  |  |                   | \$ 12,420                             | <u> </u>           |
|  |  | ·                 |                                       |                    |
| ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIG  | NEE/CONSIGNOR BAILEE/BAILOR                      | SELLER/BUY        | ER AG. LIEN                           | NON-UCC FILING     |
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum   | 7. Check to REQUEST SEARCH REPO                  | RT(S) on Debtor(s |                                       |                    |
| OPTIONAL FILER REFERENCE DATA  |  | [optional]        | All Debtors                           | Debtor 1 Debtor 2  |
|  |  |                   |                                       |                    |
|  |  |                   |                                       |                    |

UCC FINANCING STATEMENT

|         |                             |  | TADDENDUM                        |                                  |  |                         |   |                          |             |  |
|---------|-----------------------------|--|----------------------------------|----------------------------------|--|-------------------------|---|--------------------------|-------------|--|
|         | OW INSTRUCTIONS             | والمسترك والم والمسترك والمسترك والمسترك والمسترك والمسترك والمسترك والمستر |                                  |                                  |  |                         |   |                          |             |  |
|         | a. ORGANIZATION'S NA        | <del></del>  | ELATED FINANCING STA             | ATEMENT                          | 4                                      |                         |   |                          |             |  |
|         | Ja. URGANIZATION SINA       | -MAILE   |                                  |                                  |  |                         |   |                          |             |  |
| OR      |                             |  | · -                              |                                  |  |                         | •   |                          |             |  |
| 18      | ъ. INDIVIDUAL'S LAST N      | VAME F   | IRST NAME                        | MIDDLE NAME, SUFFIX              |  |                         |   |                          |             |  |
|         | 1500mgi(                    | $\Omega$   | Anaelia                          | Lea                              |  |                         |   |                          |             |  |
| 10 M    | ISCELLANEOUS:               |  | 7,1000                           |                                  | 1                                      |                         |   |                          |             |  |
| 10.11   | 10000.                      |  |                                  |                                  |  |                         | <b>                                    </b> | 8 11 1 1 1 1 1 1 2 2 2 2 | •           |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  | 2009040i                | 8000130190 2/4 \$                           |                          | Ï           |  |
|         |                             |  |                                  |                                  |  | SIDELLA (               | ADIV JUMMA AF D                             | _1                       |             |  |
|         |                             |  |                                  |                                  |  | 04/08/20                | 009 02:36:05PM F                            | ILED/CER                 | T           |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  | THE ABOVE                              | SPACE                   | IS FOR FILING OFF                           | ICE USE O                | NLY         |  |
| 11. A   | DDITIONAL DEBTOF            | R'S EXACT FULL LEC   | GAL NAME - insert only one r     | name (11a or 11b) - do not abbre | viate or combine name                  | 25                      |   |                          |             |  |
| 1       | 1a. ORGANIZATION'S NA       | AME  |                                  |                                  | TOTO OF COMBINE HOME                   |                         | <del></del>                                 |                          | <del></del> |  |
|         |                             |  | ÷                                |                                  |  |                         |   |                          |             |  |
| OR      | Љ. INDIVIDUAL'S LAST N      | NAME   |                                  | FIRST NAME                       | ······································ | MIDDLE                  | MANE  |                          | ·           |  |
|         | •                           | •  |                                  | LINO! WANE                       |  | MIDDLE                  | IVAME                                       | SUF                      | -FIX        |  |
|         |                             | · · · · · · · · · · · · · · · · · · ·  |                                  |                                  | ************************************** |                         |   |                          |             |  |
| 11c. M  | AILING ADDRESS              |  |                                  | CITY                             |  | STATE                   | POSTAL CODE                                 | COL                      | JNTRY       |  |
|         |                             |  | <u> </u>                         |                                  |  |                         | <u>.</u>                                    |                          |             |  |
| 11d. T/ |                             |  | TYPE OF ORGANIZATION             | 11f. JURISDICTION OF ORGA        | NIZATION                               | 11g. ORG                | ANIZATIONAL ID #, if a                      | any                      |             |  |
|         |                             | ORGANIZATION DEBTOR  |                                  | 1                                |  | i I                     |   |                          |             |  |
| 12.     | ADDITIONAL SECT             | URED PARTY'S or  | ASSIGNOD S/DIS                   | ALABAT                           |  | <u> </u>                |   |                          | NONE        |  |
|         | 2a. ORGANIZATION'S NA       |  | L ASSIGNOR S/PS                  | NAME - insert only one name      | (12a or 12b)                           |                         | <del></del>                                 |                          | <del></del> |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
| OR      | A AMOUNTALIO LACTAS         | LARACT.  |                                  | <del>77. (* *</del>              |  |                         | <u> </u>                                    |                          |             |  |
| 112     | 26. INDIVIDUAL'S LAST N     | YAME   |                                  | FIRST NAME                       |  | MIDDLE NAME             |   | SUF                      | SUFFIX      |  |
|         |                             |  |                                  |                                  |  |                         |   | 1                        |             |  |
| 12c. M  | AILING ADDRESS              |  |                                  | СПҮ                              |  | STATE                   | POSTAL CODE                                 | COU                      | INTRY       |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
| 13. Thi | s FINANCING STATEME         | ENT covers timber to   | be cut or as-extracted           | 16. Additional collateral descri | otion:                                 |                         |   |                          | ·           |  |
| col     | lateral, or is filed as a 😿 | fixture filing.  |                                  |                                  | <b>F</b>                               |                         | •   |                          |             |  |
| 14. De  | scription of real estate:   |  | ,                                |                                  |  |                         |   |                          | -           |  |
| The     | real property des           | scribed on the att   | ached deed                       |                                  |  |                         |   | -                        |             |  |
| 1110    | rout proporty doc           | sorrood on the att   | actica acca                      |                                  |  | •                       |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  | •                       |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         | •   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   | •                        |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  |                                  |                                  |  |                         |   |                          |             |  |
|         | •                           |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             | •  |                                  | ,                                |  |                         |   |                          |             |  |
|         | me and address of a REC     |  | described real estate            | ļ                                |  |                         |   |                          | •           |  |
| (u r    | Debtor does not have a rec  |  |                                  |                                  |  |                         |   |                          |             |  |
|         |                             |  | · ·                              |                                  | •                                      |                         |   |                          |             |  |
|         |                             |  |                                  | 17 Charles-6-8                   | d abade sales and                      |                         |   |                          |             |  |
|         |                             |  | 17. Check only if applicable and | -                                |  |                         | <del></del>                                 |                          |             |  |
|         |                             |  |                                  |                                  |  | operty held in trust or | Deceden                                     | nt's Estate              |             |  |
|         | •                           |  |                                  | 18. Check only if applicable and | d check <u>only</u> one box.           |                         |   |                          |             |  |
|         |                             |  | -                                | Debtor is a TRANSMITTING         | UTILITY                                |                         |   |                          |             |  |
|         |                             |  |                                  | Filed in connection with a N     |  | ransaction              | effective 30 vears                          |                          |             |  |
|         | •                           | •  | ·                                | Filed in connection with a R     |  |                         |   |                          |             |  |

\$ 150,000 18



STATE OF ALABAMA

SHELBY-COUNTY

**QUITCLAIM DEED** 

KNOW ALL MEN BY THESE PRESENTS, that for an in consideration of One Dollar (\$1.00), and for other good and valuable consideration, receipt of which is hereby acknowledged in hand paid to the Grantor, The Grantor, Henry Addison Long, III, hereby RELEASES, QUITCLAIMS, GRANTS, SELLS, AND CONVEYS to Angelia Lea Browning, Grantee, all of the Grantor's right, title, interest, and claim in and to the following described real estate, situated in Shelby County, Alabama, to-wit:

2332 Dalton Drive Pelham, AL 35124

Lot 291 Chandalar South 6th Sector

TO HAVE AND TO HOLD to said GRANTEE forever.

Given under my hand and seal this the Alay of April 2008

GRANTOR ACKNOWLEDGMENT

STATE OF ALABAMA-

SHELBY COUNTY

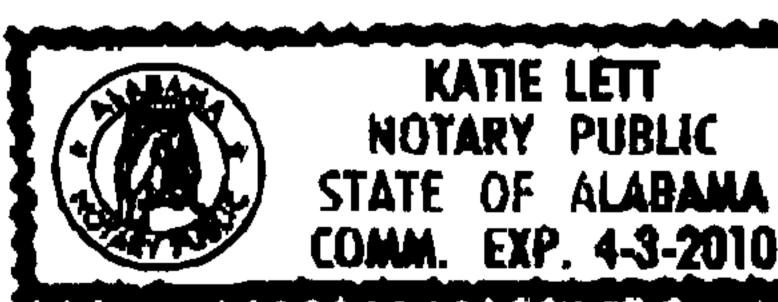
I, Cate of the notary public in and for said County and said State, do hereby certify that James Ray Browning, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this date that, being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand this the Alay of Aplul. 2007

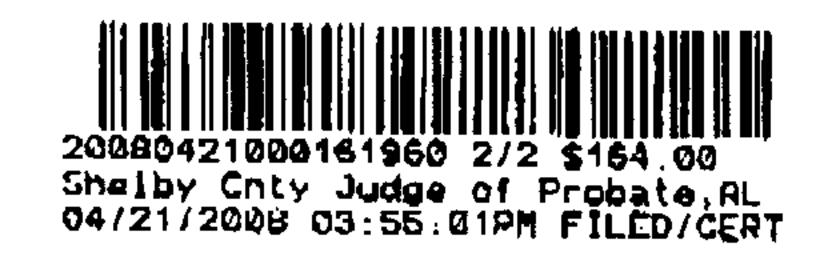
Notary Public

My commission expires:

432010



Prepared without title search or survey by:
Wendy Allison Reese
Attorney for the Plaintiff
1 Independence Plaza, Ste 414
Homewood, AL 35209-2650
(205) 879-5221 (voice)
(205) 879-9955 (fax)



20090408000130190 4/4 \$50.75 Shelby Cnty Judge of Probate, AL 04/08/2009 02:36:05PM FILED/CERT

> Shelby County, AL 04/21/2008 State of Alabama

Deed Tax:\$150.00