[redacted]

Shelby

UCC FINANCING STATEMENT

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)

ALABAMA POWER COMPANY
600 N. 18TH STREET
BIRMINGHAM, AL 35291

20090825000326180 1/5 $50.05
Shelby Cnty Judge of Probate, AL
08/25/2009 10:47:04 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Thornton	TY	Robert	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
435 Meadowcroft Circle	B'ham	AL	35242	US

1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Hayes	Barry	N.	

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
435 Meadowcroft Circle	B'ham	AL	35242	US

2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
ALABAMA POWER

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
600 N. 18TH STREET	BIRMINGHAM	AL	35291	US

4. This FINANCING STATEMENT covers the following collateral:

THE FOLLOWING HEAT PUMP, WHICH WAS INSTALLED AT THE RESIDENCE LOCATED ON THE PROPERTY DESCRIBED IN ITEM 14 OF THIS FINANCING STATEMENT:

BRAND: AMANA

Model	Serial	
AS2140301	0906117549	
CAPF3636B6	0906093394	$ 10,700.00

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

6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
Thornton	TY	

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Hayes	BARRY	N.	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
435 Meadowcroft Circle	B'ham	AL	35242	

11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

The real property described on the attached deed

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

This instrument was prepared by:
Clayton T. Sweeney, Attorney
2700 Highway 280 East, Suite 160
Birmingham, AL 35223

Send Tax Notice To:
Barry N. Hayes and Ty Robert Thornton
435 Meadow Croft Drive
Birmingham, Alabama 35242

STATE OF ALABAMA)
:
COUNTY OF SHELBY)

JOINT SURVIVORSHIP DEED

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of **Two Hundred Nineteen Thousand Nine Hundred and 00/100 ($219,900.00)**, and other good and valuable consideration, this day in hand paid to the undersigned **Flanders G. Russell, an unmarried woman** (hereinafter referred to as GRANTOR), in hand paid by the GRANTEES herein, the receipt whereof is hereby acknowledged, the GRANTOR does hereby give, grant, bargain, sell and convey unto the GRANTEES, **Barry N. Hayes and Ty Robert Thornton,** (hereinafter referred to as GRANTEES), for and during their joint lives and upon the death of either, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described Real Estate, lying and being in the County of **Shelby**, State of Alabama, to-wit:

Lot 28, according to the Survey of Meadow Brook Townhomes, Phase III, as recorded in Map Book 28, Page 135, in the Probate Office of Shelby County, Alabama.

Subject To:
Ad valorem taxes for 2005 and subsequent years not yet due and payable until October 1, 2005. Existing covenants and restrictions, easements, building lines and limitations of record.

$208,905.00 of the consideration was paid from the proceeds of a mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEES, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor, forever.

AND SAID GRANTOR, for said GRANTOR, GRANTOR'S heirs, successors, executors and administrators, covenants with GRANTEES, and with GRANTEES' heirs and assigns, that GRANTOR is lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that GRANTOR will, and GRANTOR'S heirs, executors and administrators shall, warrant and defend the same to said GRANTEES, and GRANTEES' heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, said GRANTOR has hereunto set her hand and seal this the **27th** day of **September, 2005.**

Flanders G. Russell

CLAYTON T. SWEENEY, ATTORNEY AT LAW

STATE OF ALABAMA)
:
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Flanders G. Russell, an unmarried woman , whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the Instrument she executed the same voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 27th day of September, 2005.

NOTARY PUBLIC
My Commission Expires: 4/29/06

ELIZABETH B. JOINER NOTARY PUBLIC ALABAMA STATE AT LARGE

Not Valid Without Attached Page

ALABAMA
Center for Health Statistics

Loan # 0039181300

SRM 110

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

3. 059888
6. 000
19. 01
20. 059888
26.
27.
34. 05402

ALABAMA
CERTIFICATE OF DEATH

County File Number — State File Number 101 **07-14679**

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Barry	Neil	HAYES	April 10 2007	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35242	No	435 Meadow Croft Drive

7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
45 YRS.					April 2 1962	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
12		Never Married		No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Birmingham 35242

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	435 Meadow Croft Drive	Margaret Hayes 190 Old Highway 75 Oneonta Alabama 35121

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Kitchen Designer	Lowes

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Edgar	Neil	Hayes	Margaret	Ann	Evans

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	Apr 14 2007	Clear Springs Cemetery	Oneonta Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Lemley Chapel P O Box 700 Oneonta Alabama 35121	James R Stewart	Apr 25 2007

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 X 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: Diana S Hawkins

38. DATE SIGNED (Month, Day, Year): April 27, 2007

39. TIME AND DATE OF DEATH	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)
16:20 04-10-07	04-10-07 16:20	Diana S. Hawkins- Coroner

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
P.O. Box 1321 Columbiana, Ala. 35051	

44. REGISTRAR— Signature (For State or County use only)	45. DATE FILED (Month, Day, Year)
Shula Miller	May 8, 2007

MEDICAL CERTIFICATION

48. 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. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ~~Pending Toxicology~~

DUE TO (OR AS A CONSEQUENCE OF): Revised Medical Certification Attached

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d.

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. — 48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
~~Pending Investigation~~	~~yes~~	~~yes~~

52. HOW INJURY OCCURRED (Enter nature of injury in Item 48, Part I, or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
		M.

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.

MAY 09 2007

ADPH-HS 2/Rev. 11-93

NAME OF DECEASED Barry Neil Hayes SSN:

46.
49.
55.

GT

20090825000326180 4/5 $50.05
Shelby Cnty Judge of Probate, AL
08/25/2009 10:47:04 AM FILED/CERT

226-1441

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Attachment Page

ALABAMA
Center for Health Statistics

Amendment No. 027616

ALABAMA
Supplemental Medical Certification

This Supplemental Medical Certification replaces any Medical Certification shown on previous pages for the record identified below.

INFORMATION FROM ORIGINAL RECORD:

Certificate No. 2007-14679

Name Barry N. HAYES

Date of Death April 10, 2007

County of Death Shelby

File Date May 8, 2007

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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Atherosclerotic Cardiovascular Disease	years
	DUE TO (OR AS A CONSEQUENCE OF): b. Hypertension	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	yes	yes

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
		M.

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)

Diana S. Hawkins
Signature of Certifier

June 27, 2007
Date Signed

The above Medical Certification as provided by the certifier is hereby made a part of the record concerned.
Done this 18th day of July, 2007

By Kimberly Smith
Recording Clerk

ADPH-HS-91/Rev. 3-03

20090825000326180 5/5 $50.05
Shelby Cnty Judge of Probate, AL
08/25/2009 10:47:04 AM FILED/CERT

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2007-372-768-8

July 18, 2007

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar