

Shelby

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



20100215000044640 1/8 \$51.10
Shelby Cnty Judge of Probate, AL
02/15/2010 11:12:18 AM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Janice Ruffin (205) 226-1902
B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 N. 18TH STREET BIRMINGHAM, AL 35203

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 CHANDLER		FIRST NAME PATRICK	MIDDLE NAME F.	SUFFIX
1c. MAILING ADDRESS 1021 CAHABA MANOR LN		CITY PELHAM	STATE AL	POSTAL CODE 35124
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
				<input type="checkbox"/> 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
2c. MAILING ADDRESS		CITY	STATE AL	POSTAL CODE
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
				<input type="checkbox"/> 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				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE

4. This FINANCING STATEMENT covers the following collateral:

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

BRAND: TRANE

MODEL #: 4TWX5030A1000AA

SERIAL #: 92945HH2F

MODEL #: 4TEE3F39A1000AA

SERIAL #: 9282N872V

5. ALTERNATIVE DESIGNATION [if applicable]:	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOLR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [ADDITIONAL FEE] [optional]		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			

8. OPTIONAL FILER REFERENCE DATA
\$ 7305 —

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
CHANDLER	PATTY	F.

10. MISCELLANEOUS:



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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	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
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
				<input type="checkbox"/> 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

SEND TAX NOTICE TO:

ANTHONY D. SNABLE, ATTORNEY
1629 11th Avenue South
Birmingham, Alabama 35205

ROGER A. MAINARD
4922 ALTADENA S. DRIVE
BIRMINGHAM, ALABAMA 35244

File #890370KLR

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WARRANTY DEED

JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

STATE OF ALABAMA
JEFFERSON COUNTY

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of SEVENTY TWO THOUSAND DOLLARS and 00/100 (\$72,000.00) DOLLARS to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, KIMBERLY D. DAVIDSON, A MARRIED WOMAN (herein referred to as grantor, whether one or more), grant, bargain, sell and convey unto ROGER A. MAINARD and PATTY F. CHANDLER (herein referred to as GRANTEEES, whether one or more), as joint tenants with right of survivorship, the following described real estate, situated in SHELBY County, Alabama to-wit:

LOT 54 AND THE WEST 5 FEET OF LOT 55, ACCORDING TO THE SURVEY OF CAHABA MINOR TOWN HOMES, AS RECORDED IN MAP BOOK 6, PAGE 105, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

KIMBERLY D. DAVIDSON AND KIMBERLY D. DEARMAN ARE ONE AND THE SAME PERSON.

KIMBERLY D. DAVIDSON IS THE SURVIVING GRANTEE OF THAT CERTAIN DEED RECORDED IN INSTRUMENT # 1994-23000 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, THE OTHER GRANTEE, MYRTIS J. DEARMAN HAVING DIED ON OR ABOUT 10-2-98.

THE GRANTOR HEREBY CERTIFIES THAT THE ABOVE DESCRIBED PROPERTY DOES NOT CONSTITUTE HER HOMESTEAD OR THE HOMESTEAD OF HER SPOUSE AS DEFINED BY CODE SECTION 6-10-2.

SUBJECT TO:

1. Subject to the taxes for the year beginning October 1, 1998, which constitutes a lien, but are not yet due and payable until October 1, 1999.
2. Easements, restrictions, covenants and reservations of record.

\$64,800.00 of the consideration herein was derived from a mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD to the said GRANTEEES as joint tenants, with right of survivor ship, their heirs and assigns, forever, it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common.

Inst # 1999-28300

07/07/1999-28300
09:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
JCE MMS 18.50

And I (we) do, for myself (ourselves) and for my (our) heirs, executors and administrators, covenant with said GRANTEE, his, her or their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will, and my (our) heirs, executors and administrators shall warrant and defend the same to the said grantee, his, her or their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I/(we), KIMBERLY D. DAVIDSON, have hereunto set my (our) hand(s) and seal(s) this 1st day of July, 1999.

 (SEAL)
KIMBERLY D. DAVIDSON

STATE OF ALABAMA
JEFFERSON COUNTY

I, THE UNDERSIGNED, a Notary Public in and for said County, in said State, here by certify that KIMBERLY D. DAVIDSON, A MARRIED WOMAN whose name(s) (is/are) signed to the foregoing conveyance, and who (is/are) known to me, acknowledged before me on this day, that being informed of the contents of the conveyance, HE/SHE/THEY executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 1st day of July, 1999.


Notary Public
My commission expires 10-11-99



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Inst # 1999-28300

07/07/1999-28300
09:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE

000 MNS 18.50

20090922000361240 1/4 \$21.00
Shelby Cnty Judge of Probate, AL
09/22/2009 11:09:21 AM FILED/CERT

Record 1st

This Document Prepared By:
Patty F. Chandler
621 Cahaba Manor
Pelham, Alabama 35124

20100215000044640 5/8 \$51.10
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02/15/2010 11:12:18 AM FILED/CERT

After Recording Send Tax Notice To:
Patty F. Chandler
621 Cahaba Manor
Pelham, Alabama 35124

Recording Requested by &
When Recorded Return To
US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117

Assessor's Parcel Number: 131122003029000
Fair Market Value: 593,300.00

QUITCLAIM DEED
TITLE OF DOCUMENT

75967261-01

R#338/873

STATE OF ALABAMA

SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS:

THAT in consideration of ONE AND NO/100 DOLLARS (\$1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, **Patty F. Chandler, surviving spouse of Roger A. Mainard, also known as Roger Anthony Mainard as per attached certified copy of Certificate of Death**, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: **Patty F. Chandler, an unmarried woman**, (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to wit:

LOT 54, AND THE WEST 5 FEET OF LOT 55, ACCORDING TO THE SURVEY OF CAHABA MANOR TOWN HOMES, AS RECORDED IN MAP BOOK 6, PAGE 105, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, BEING SITUATED IN SHELBY COUNTY ALABAMA.

COMMONLY known as: 621 Cahaba Manor, Pelham, Alabama 35124

Source of Title Ref.: Deed: Recorded July 07, 1999; Doc. No. 1999-28300

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection):

☒ is homestead property of the said Grantor

☐ is **NOT** homestead property of the said Grantor

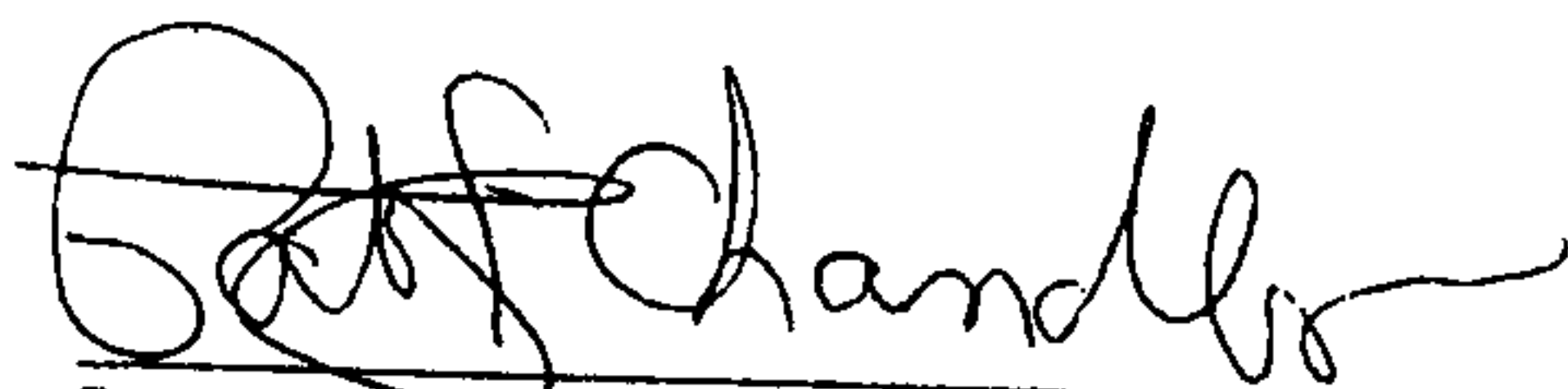


20090922000361240 2/4 \$21.00
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IN WITNESS WHEREOF, **Patty F. Chandler** have hereunto set my (our) hand(s) and seal(s), this
03 day of Sept, 2009.



Patty F. Chandler


General Acknowledgement

STATE OF Al
Shelby COUNTY

I, Bona Brown a Notary Public in and for said County, in said State, hereby certify that **Patty F. Chandler**, whose name(s) is are signed to the foregoing conveyance and who is are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/she they executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this
03 day of Sept, 2009


 NOTARY PUBLIC Bona Brown
 My Commission Expires: 05/06/10



ALABAMA

Center for Health Statistics



20090922000361240 3/4 \$21.00
Shelby Cnty Judge of Probate, AL
09/22/2009 11:09:21 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number **101 0001-018886**

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

County
File
Number

1. DECEASED—NAME First Middle Last (Type last name full capital)		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
ROGER ANTHONY MAINARD		JUNE 6, 2001		JEFFERSON	
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)	
Mountain Brook 35209		Yes		614 Brookwood Village Mall	
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.)	
		NO		WHITE	
11. AGE		12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)	
44 yrs.		MOS. DAYS HOURS MINS.		DECEMBER 1, 1956	
14. EDUCATION (Specify ONLY highest grade completed below)		15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)	
Elementary or High School (8-12) College (1-4 or 5-6)		MARRIED		PATTY FAYE CHANDLER	
18. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE		21. COUNTY	
TEXAS		ALABAMA		SHELBY	
22. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER		25. INFORMANT—Name and Address	
YES		621 CAHABA MANOR LANE		RACHELLE DAWN MAINARD	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		27. KIND OF BUSINESS OR INDUSTRY		28. CITY, TOWN, OR LOCATION AND ZIP CODE	
SELF EMPLOYED		FABRIC PROTECTION		35124	
29. FATHER—NAME First Middle Last		30. MAIDEN NAME OF MOTHER—First Middle Last		31. LOCATION—(City or Town—State)	
HERBERT MAINARD		DANICE CARROLL		BIRMINGHAM, AL	
32. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Funeral Home, Other)		33. DATE OF DISPOSITION (Month, Day, Year)		34. CEMETERY OR CREMATORY—Name	
CREMATION		June 8, 2001		JOHNS-RIDOUT'S	
35. FUNERAL HOME—Name and Address		36. FUNERAL DIRECTOR—Signature		37. DATE SIGNED BY FUNERAL DIRECTOR	
JOHNS-RIDOUT'S BIRMINGHAM, AL 35233		<i>John Skippis</i>		JUNE 8, 2001	
38. — 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."		39. DATE SIGNED (Month, Day, Year)		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	
—X 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"		June 11, 2001		June 6, 2001 @ 2315	
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40)		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40)		43. CERTIFIER LICENSE NUMBER	
Gregory G. Davis, M.D. Associate Coroner/Medical Examiner		1515 South Sixth Avenue; Birmingham, Alabama 35233		17494	
44. REGISTRAR—Signature		45. DATE FILED (Month, Day, Year)		46. NAME OF DECEASED	
<i>Nolan Morrison</i>		June 13, 2001		NAME OF DECEASED	

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. Gunshot wound of head		Minutes	
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. 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		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or U/R)	
Suicide			
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. ALTOPSY (Specify Yes or No)	
Decedent depressed, Shot self with handgun		No	
51. DATE OF INJURY (Month, Day, Year)		52. HOUR OF INJURY	
June 6, 2001		Unknown	
53. INJURY AT WORK (Specify Yes or No)		54. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	
No		Parking Lot (Inside parked veh)	
55. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)		614 Brookwood Village Mall	

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

REC'D JUN 15 2001

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-358-383-0


August 19, 2009

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

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EXHIBIT A - LEGAL DESCRIPTION

Tax ID Number(s): **131122003029000**

Land situated in the County of **Shelby** in the State of **AL**

**LOT 54, AND THE WEST 5 FEET OF LOT 55, ACCORDING TO THE SURVEY OF
CAHABA MANOR TOWN HOMES, AS RECORDED IN MAP BOOK 6, PAGE 105, IN
THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, BEING SITUATED IN
SHELBY COUNTY ALABAMA.**

Commonly known as: **621 Cahaba Manor, Pelham, AL 35124**


+U00908893+
1632 9/14/2009 75967261/1