		201000	2000111640 1/3 \$3 Cnty Judge of D-	
CC FINANCING STATEMENT		Shelby	2000111640 1/3 \$3 Cnty Judge of Pro 010 03:50:58 DM ~	6.00
OLLOW INSTRUCTIONS (front and back) CAREFULLY		04/12/2	010 03:50:58 PM F	Date, AL ILED/CERT
NAME & PHONE OF CONTACT AT FILER [optional]				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Alabama Power Company				
l Alabama Power Company Attn: Rod Nowlin				
P.O. Box 129				
Anniston, Alabama 36202		•		
	THE ABOVE	CDACE IC E	OD EILING OFFICE HEI	- ONI V
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (SPACE IS F	OR FILING OFFICE US	UNLT
1a. ORGANIZATION'S NAME	Ta or Tb) - do not appreviate or combine names		<u></u>	<u></u>
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
ID. INDIVIDUAL S LAST NAME	į	5	MUNIC	ţ.
Satterwhite	Charles	R.		Sr.
	Charles	R.	POSTAL CODE	Sr.
Satterwhite				Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION	CITY	STATE Al.	POSTAL CODE	Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S.	Sterrett	STATE Al.	POSTAL CODE 35147	Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	Sterrett 1f. JURISDICTION OF ORGANIZATION	STATE A1. 1g. ORG	POSTAL CODE 35147	Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION DE	Sterrett 1f. JURISDICTION OF ORGANIZATION	STATE A1. 1g. ORG	POSTAL CODE 35147	Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb	AI. 1g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any	Sr. COUNTRY
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	Sterrett 1f. JURISDICTION OF ORGANIZATION g debtor name (2a or 2b) - do not abbreviate or comb	STATE A1. 1g. ORG bine names MIDDLE	POSTAL CODE 35147 ANIZATIONAL ID #, if any	Sr.
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Satterwhite	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie	STATE A1. 1g. ORG MIDDLE Sue	POSTAL CODE 35147 ANIZATIONAL ID #, if any	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORG	Sterrett 1f. JURISDICTION OF ORGANIZATION g debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY	STATE A1. 1g. ORG MIDDLE Sue STATE	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Satterwhite MAILING ADDRESS 6740 Highway 55 S.	Sterrett 1f. JURISDICTION OF ORGANIZATION g debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett	STATE A1. 19. ORG MIDDLE Sue STATE A1.	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE 35147	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Satterwhite Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION	Sterrett 1f. JURISDICTION OF ORGANIZATION g debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY	STATE A1. 19. ORG MIDDLE Sue STATE A1.	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 20. TYPE OF ORGANIZATION DEBTOR	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION	STATE Al. Ig. ORG MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE 35147	Sr. COUNTRY
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Satterwhite Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION	STATE Al. Ig. ORG MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE 35147	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'LINFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE)	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION	STATE Al. Ig. ORG MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any NAME POSTAL CODE 35147	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only on 2a. ORGANIZATION'S NAME Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE 38. ORGANIZATION'S NAME	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION	STATE Al. Ig. ORG MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any POSTAL CODE 35147 ANIZATIONAL ID #, if any	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 28. ORGANIZATION'S NAME 28. INDIVIDUAL'S LAST NAME Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 38. ORGANIZATION'S NAME Alabama Power	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a or 3)	MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any POSTAL CODE 35147 ANIZATIONAL ID #, if any	SUFFIX
Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 28. ORGANIZATION'S NAME 28. INDIVIDUAL'S LAST NAME Satterwhite MAILING ADDRESS 6740 Highway 55 S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 38. ORGANIZATION'S NAME Alabama Power	Sterrett 1f. JURISDICTION OF ORGANIZATION a debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME Bonnie CITY Sterrett 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a or 3)	MIDDLE Sue STATE Al. 2g. ORG	POSTAL CODE 35147 ANIZATIONAL ID #, if any POSTAL CODE 35147 ANIZATIONAL ID #, if any	SUFFIX

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/	LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	R AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (ESTATE RECORDS. Attach Addendum	(or recorded) in the REAL 7. Check to RE	QUEST SEARCH REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

400

S# W101004672

4000.00

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 20100412000111640 2/3 \$36.00 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT Shelby Cnty Judge of Probate, AL 9a. ORGANIZATION'S NAME 04/12/2010 03:50:58 PM FILED/CERT **OR** 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX Satterwhite Charles R. 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 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 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME 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 16. Additional collateral description: collateral, or is filed as a fixture filing. 14. Description of real estate: The real property described on attached deed. 15. 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 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

SEND TAX NOTICE TO:

20100412000111640 3/3 \$36.00

Shelby Cnty Judge of Probate, AL

04/12/2010 03:50:58 PM FILED/CERT

	(Name) Charles R. Satterwhite, Sr.
This instrument was prepared by	(Address) 15740 HWY 55 50.
Name Mike T. Atchison, Attorney	Sterrett AP
Post Office Box 822 [Address] Columbiana, Alabama	35147
Form 1-1-5 Rev. 5/62	
WARRANTY DEED, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP - LAWYERS TITLE INSURA	ANCE CORPORATION, Mirrargham, Mahama
STATE OF ALABAMA SHELBY COUNTY KNOW ALL MEN BY THESE PI	RESENTS.
That in consideration of Five Hundred and no/100 (\$500.00)DOLLARS
to the undersigned grantor or grantors in hand paid by the GRANTEES herein, the Virgie M. Sheets, an unremarried widow	recelpt whereof is acknowledged, we,
(herein referred to as grantors) do grant, bargain, sell and convey unto	
Charles R. Satterwhite, Sr. and wife, Bonnie	Sue Satterwhite
(herein referred to as GRANTEES) as joint tenants, with right of survivorship, the fo	ollowing described real estate situated in
Shelby County, A	Alabama to-wit:
Shelby County Road 55; thence turn an interior seconds and run to the right in a Northeasterly of way of said County Road a distance of 283.00 interior angle of 90 degrees and run to the right and distance of 150.00 feet to a point; thence degrees 39 minutes 00 seconds and run to the right a distance of 163.26 feet to a point; thence degrees 11 minutes 10 seconds and run to the right and along the East line of said Quarter-Quart feet, more or less, to the point of beginning Situated in Shelby County, Alabama.	direction and along the SE right feet to a point; thence turn an ght in a Southeasterly direction turn an interior angle of 162 ght in a Southeasterly direction turn an interior angle of 139 ght and in a Southerly direction er Section a distance of 135.00 of the section
10/ 02:5	29/1992-25136 4 PM CERTIFIED WY COUNTY JUDGE OF PROMITE 7.00
SHEL	ODI NCB 7.00
TO HAVE AND TO HOLD Unto the said GRANTEES as joint tenants, with rithe intention of the parties to this conveyance, that funless the joint tenancy herein the grantees herein in the event one grantee herein survives the other, the entire is one does not survive the other, then the heirs and assigns of the grantees herein si And I (we) do for myself (ourselves) and for my four) heirs, executors, and admend assigns, that I am (we are) lawfully seized in fee simple of said premises; that is above; that I (we) have a good right to sell and convey the same as aforesaid; that I shall warrant and defend the same to the said GRANTEES, their heirs and assigns for	ight of survivorship, their heirs and assigns, forever; it being by created is severed or terminated during the joint lives of interest in fee simple shall pass to the surviving grantee, and hall take as tenants in common. Initiatrators covenant with the said GRANTEES, their heirs they are free from all encumbrances, unless otherwise noted.
IN WITNESS WHEREOF. I have hereunto set my	handish and south the 29 th
day of October 92	Handist and Scalis), fills
WITNESS:	V. m So-t-
(Seal)	Vitale M. Sheets (Seal)
(Seal)	(Seal)
. (Seal)	(Seal)
SHELBY COUNTY }	
I, the undersigned authority	
hereby certify that Virgie M. Sheets, an unremarried wido whose name is	W
whose name signed to the foregoing conveyance, and who on this day, that, being informed of the contents of the conveyance on the day the same bears date.	known to me, acknowledged before me she executed the same voluntarily
	Aust Auson A.D. 19 92