| A Act | |
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| (A) | |
| Ke / | |

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) | | | | | |
| | | 201009220003 | 11880 1/3 \$40.00 Judge of Probate | ., AL | |
| Alabama Power Company | | Shelby Chty | 2:25:25 PM FILE | CERT | |
| 600 N. 18th Street | | 09/22/2010 | , _ . _ . | | |
| Birmingham, Alabama 35203 | | | | | |
| | | | | | |
| | | | | | |
| | f | | | | |
| | | | | | |
| | | | R FILING OFFICE US | EONLY | |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name | e (1a or 1b) - do not abbreviate or combine name | s | | | |
| 1a. ORGANIZATION'S NAME | | | | | |
| OB | | | | _ | |
| OR 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| Millingsworth | Frank | | | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 277 Shawada Lane | Calera | AL | 35040 | U.S.A | |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATIO | | | NIZATIONAL ID #, if any | | |
| ORGANIZATION | 1 1 | - | | | |
| DEBTOR DEDTODIC EVACT FULL LEGAL NAME () | | | | NONE | |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 2a. ORGANIZATION'S NAME | one debtor name (2a or 2b) - do not abbreviate o | r combine names | <u>. </u> | | |
| . ONGANIZATION STANIC | • | | • | | |
| OR OF INDIVIDUALIST ACT NAME | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| 2b. INDIVIDUAL'S LAST NAME | IFIRST NAME | INIDOFE | NAIVIE | SUFFIX | |
| Millingsworth | Lela | | | COUNTRY | |
| 2c. MAILING ADDRESS | CITY | | STATE POSTAL CODE | | |
| 277 Shaunda Lane | Calera | AL | 35040 | U.S.A | |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | ANIZATIONAL ID#, if any | | |
| ORGANIZATION DEBTOR | | | | NONE | |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSI | GNOR S/P) - insert only one secured party name (| (3a or 3b) | | | |
| 3a. ORGANIZATION'S NAME | <u> </u> | ` ' | | | |
| ALABAMA POWER | | | | | |
| OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | MIDDLE NAME | | |
| | | | | | |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 600 N 18TH STREET | BIRMINGHAM | AL | 35203 | US | |
| | | | 33203 | | |
| 4. This FINANCING STATEMENT covers the following collateral: | | | | | |
| The fellessine Heat Description in 4-11-1-4-41 | .: 1 1 41 | :11 : T4 | #14 - C41 : . C | _ • | |
| The following Heat Pump was installed at the res | sidence located on the property de | escribed in item | #14 of this finan | cing | |
| statement: | | | | | |
| Brand: Goodman | | | | | |
| Brand. COSOFFOX | | | | | |
| Model: GSZE3D4E81AB Mo | del: ARUF 4860166 | А Д | | | |
| Model. OOLLSVILSIVIS | uei | <u>-</u> ' | 6,000.00 | | |
| Serial: 1001747817 Seri | 100/71Cazu | • | | | |
| Serial. 10011 Seri | ial: 1006715934 | _ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | | • | | | |
| | | | | | |
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR | CONSIGNEE/CONSIGNOR BAILEE/BAIL | OR SELLER/BL | IYER AG. LIEN | NON-UCC FILING | |

8. OPTIONAL FILER REFERENCE DATA

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ESTATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] [optional]

All Debtors Debtor 1 Debtor 2

| | | | ENTADDENDUM | | | | | |
|----------------------------|---|-------------------------------|--------------------------------|--|---|------------|--------------------------|---------------------------------------|
| | NSTRUCTIONS (| · | N RELATED FINANCING STA | TERMENIT | | | | |
| | GANIZATION'S NAM | | IN NELATED FINANCING STA | | | | | |
| OR IND | IVIDUAL'S LAST NA | | TEIDET NAME | MIDDLE MANE CHEETY | | | | |
| 1 1 1 1 1 1 1 1 1 1 |)); | NVIE. | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| | 111 ~ 95 40. | ^14 | trank | - :: | | | | |
| | LLANEOUS: | | | | | | | |
| | | | | | | | IS FOR FILING OFFIC | E USE ONLY |
| | | | LEGAL NAME - insert only one r | ame (11a or 11b) - do not abbrev | viate or combine names | 3 | | |
| i ia. Or | RGANIZATION'S NAI | At I | | | | | | |
| OR 11b iN | DIVIDUAL'S LAST N | Δ\$.4 F | | FIRST NAME | | MIDDLE | NIA NAIT | LOUISEOV. |
| 113. 114 | DIVIDOREO DAGI 14 | | | TIROT NAIVIE | | MIDDLE | NAME | SUFFIX |
| 11c. MAILIN | G ADDRESS | <u>.</u> , | <u> </u> | CITY | - · · · · · · · · · · · · · · · · · · · | STATE | POSTAL CODE | COLINTOV |
| | | | | | | SIAIL | TOSTAL CODE | COUNTRY |
| 11d. TAX ID | | ADD'L INFO RE ORGANIZATION | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGAN | NIZATION | 11g. ORG | SANIZATIONAL ID #, if an | y |
| | | DEBTOR | | | | | | NONE |
| | DITIONAL SECU | ·/··· | S or ASSIGNOR S/P'S | NAME - insert only <u>one</u> name | (12a or 12b) | | | |
| 12a. OF | RGANIZATION'S NAI | ME | | | | | | |
| OR 105 IN | DIVIDUALIO LACTAI | A A 4 5 | | 1ere oz 11.1.e | · · · · · · · · · · · · · · · · · · · | | | <u> </u> |
| 12b. INI | DIVIDUAL'S LAST N | AME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 12c MAILIN | G ADDRESS | . | | CITY | | STATE | TROCTAL CODE | 00111111111 |
| 120: 100 (12) | O ABBREGO | | | | | SIAIE | POSTAL CODE | COUNTRY |
| collatera | NANCING STATEME al, or is filed as a tion of real estate: | _ | ber to be cut or as-extracted | 16. Additional collateral descri | ption: | | | |
| | EAL PROPE CHED DEED | | RIBED ON THE | | | | | |
| 24 | 80 Shaw | nda La | 31e | | | | | |
| (a | lera, Ai | L. 350 | 40 | 20100922000311880 2/3 \$40.00 Shelby Cnty Judge of Probate, AL 09/22/2010 02:25:25 PM FILED/CERT | | | | |
| | | | | | | | | |
| | and address of a REC or does not have a re | | above-described real estate | | | | | |
| | | | | 17. Check only if applicable an | d check only one box. | , | | · · · · · · · · · · · · · · · · · · · |
| | | | | Debtor is a Trust or T | rustee acting with res | pect to pr | operty held in trust or | Decedent's Estate |
| | | | | 18. Check only if applicable an | d check <u>only</u> one box. | | | |
| | | | | Debtor is a TRANSMITTING | UTILITY | | | |
| | | | | Filed in connection with a N | Manufactured-Home Tra | ansaction | effective 30 years | |
| | | | | Filed in connection with a F | Public-Finance Transac | tion — eff | fective 30 years | |

This form provided by

Situated in Shelby County, AL

P. O. Box 752 - Columbiana, Alabama 35051

SHELBY COUNTY ABSTRACT & TITLE CO., INC.

(205) 669-6204 (205) 669-6291 Fax (205) 669-3130

MIKE T. ATCHISON

SEND TAX NOTICE TO:

(Name) Frank Killingsworth

| This instrument was prepared by: | | O. Box 822 clumbiana, AL 35051 | 10/29/2002 10:34:00 FILED/CERTIFIED |
|---------------------------------------|------------------|--|---|
| Form 1-1-27 Rev. 4/99 WARRANTY DEED - | Stewart Title In | surance Corporation of Houst | on, Texas |
| STATE OF ALABAMA SHELBY | county } | KNOW ALL MEN BY THES | E PRESENTS, |
| That in consideration of | Five Thou | sand and no/100 | |
| to the undersigned granto | | | grantee herein, the receipt whereof is acknowledged, I or we, |
| (herein referred to as gra | entor, whether | ne or more), bargain, sell and | convey unto |
| | ntee, whether o | ne or more), the following des 1by County, Alab | ama, to-wit: |
| West 420 feet of Township 24 North | | | of NW 1/4 of NW 1/4, Section 11, |



20100922000311880 3/3 \$40.00 Shelby Cnty Judge of Probate, AL 09/22/2010 02:25:25 PM FILED/CERT

TO HAVE AND TO HOLD to the said grantee, his, her or their heirs and assigns forever.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEES, 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 noted 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 GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

| IN WIT | TNESS WHEREOF,I | have hereunto set | <u>my</u> h | and(s) and seal(s), this | s 11th | |
|----------------------|---------------------------------------|---------------------------------|---|---|------------|-------------|
| day of | August | , 2000 | | | | |
| | | (Seal) | Carence | E Done | | (Seal) |
| | · · · · · · · · · · · · · · · · · · · | (Seal) | Larence E. Jon | es | | (Seal) |
| <u></u> | | (Seal) | , <u>, , , , , , , , , , , , , , , , , , </u> | , - | | (Seal) |
| State of A Shelby | LABAMA COUNTY | | General Acknowledg | gement | | |
| I, the unde | ersigned authority , a | Notary Public in and for said (| County, in said State, I | nereby certify thatC1 | arence E. | Jones |
| | | , whose name is | signed to the fore | going conveyance 1 | S | known to |
| | dged before me on this day, that | t being informed of the conten | its of the conveyance | he | executed | the same |
| • | the day the same bears date. | المحادث معادة | A . | | A.D. 0000 | |
| | n under my hand and official seal | | August Notary Public | - Hairen | A.D., 2000 | · |