| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  OR  2b. INDIVIDUAL'S LAST NAME  THE POSTAL CODE  COUNTR  2c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  2d. TAX ID #. SSN OR EIN  ADD'L INFO RE  2e TYPE OF ORGANIZATION  DEBTOR  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 Company  OR  3b INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  SUFFIX  SUFFIX  SUFFIX  MIDDLE NAME  SUFFIX  SUFFIX   | NAME & PHONE OF CONTACT AT FILER [optional]  Tonya Tarbert (205) 226-1402  SEND ACKNOWLEDGMENT TO: (Name and Address)  Alabama Power Company 600 North 18th Street Birmingham, AL 35203 | Sh<br>07  | elby Cnty 3<br>/06/2012 02 | RIGING OFFICE USE      | CERT                                   |
|--|---|---|----------------------------|------------------------|--|
| TE TRIDIVIDUALS LAST NAME  TO THE TOTAL CODE  TO TH | DEBTOR'S EXACT FULL LEGAL NAME - insert only one debt   | tor name (1a or 1b) - do not abbreviate or combine names            |                            |                        | ······································ |
| TO MAILING ADDRESS  TO MAI | 1a. ORGANIZATION'S NAME   |   |                            |                        |  |
| SOS   WALKER   Road   Pellum   ADDLINED   19 TYPE OF ORGANIZATION   11 JURISDICTION OF ORGANIZATION   19 ORGANIZATION    | John 30n  | Kathry n  | E                          |                        |  |
| ORGANIZATION   DEBTOR   DEBTOR | 505 Walker Road   | Pelhem  | AL                         | 35124                  | COUNTRY                                |
| 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  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE  POSTAL CODE  COUNTR  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  CRECURED 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 Company  R. 3b INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  STATE  FIRST NAME  MIDDLE NAME  SUFFIX  STATE  FOSTAL CODE  COUNTR  C. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTR  C. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTR  AL  35203  US  This FIRANCING 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:  TOO MAN  Model:  VSZ 130361  Model:  Serial:  1111590338  Serial:  12076349664  Serial:  Serial:  Serial:  SECURED PARTY'S NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  MIDDLE NAME  MIDDLE NAME  SUFFIX  STATE  FOSTAL CODE  COUNTR  AL  35203  US  This FIRANCING 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.  SECURED PARTY'S NAME  MIDDLE NAME  SUFFIX  AL  35203  US  This FIRANCING 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.  SECURED PARTY AND NOTE TO THE POSTAL CODE  COUNTR  ADDITIONAL TO TH | ORGANIZATION  | IZATION 11. JURISDICTION OF ORGANIZATION                            | 11g. ORGA                  | NIZATIONAL ID#, if any | П                                      |
| C MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  C | ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - ins   |   |                            |                        | NONE                                   |
| A TAX ID #. SSN OR EIN   ADD'L INFO RE   26 TYPE OF ORGANIZATION   21 JURISDICTION OF ORGANIZATION   22 ORGANIZATION   23 ORGANIZATION   24 ORGANIZATION   25 ORGANIZATION   25 ORGANIZATION   26 ORGANIZATION   2 | 2b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE NAME                |                        | SUFFIX                                 |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)    Sa ORGANIZATION'S NAME   Alabama Power Company   | MAILING ADDRESS   | CITY  | STATE                      | POSTAL CODE            | COUNTRY                                |
| 3a ORGANIZATION'S NAME Alabama Power Company 3b INDIVIDUAL'S LAST NAME  C MAILING ADDRESS  COTY Birmingham  AL 35203  US  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:  Brand:  Tood m4*  Model: VSZ 130361  Model: CHPF 2430 86  Model:  Serial: 1111590238  Serial: 1204634664  Serial: 56771 00  | ORGANIZATION  | IZATION 2f JURISDICTION OF ORGANIZATION                             | 2g. ORGA                   | NIZATIONAL ID#, if any | NON                                    |
| Alabama Power Company  3b INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTR  600 North 18th Street  The following 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:  ### Model: VSZ 130361  Model: CHPF 243086  Model:  Serial: 1111590238  Serial: 1204634664  Serial:  #### Suffix  Suffix  #### Model: Serial:  ###################################  | · · · · · · · · · · · · · · · · · · ·   | of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or | 3b)                        |                        |  |
| SOFIA  E. MAILING ADDRESS  E. MAILING ADDRESS  600 North 18th Street  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:  |   |   |                            |                        |  |
| Birmingham  AL 35203  US  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: COOCMAN  Model: VSZ 130361  Model: CHPF 243086  Model: Serial: 1111590238  Serial: 1204634664  Serial: Serial:   | 3b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                     | VAME                   | SUFFIX                                 |
| Birmingham  AL 35203  US  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: COOCMAN  Model: VSZ 130361  Model: CHPF 243086  Model: Serial: 1111590238  Serial: 1204634664  Serial: Serial:   | : MAILING ADDRESS   | CITY  | STATE                      | POSTAL CODE            | COUNTRY                                |
| The following Heat Pump was installed at the residence located on the property described in Item # 14 of this financing statement.  Brand: Good m4 N  Model: VSZ 130361  |   |   |                            |                        |  |
| . ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC F   | Brand: <u>Good man</u> Model: <u>VSZ 130361</u> Serial: <u>[111590238]</u> \$ 5 7 7 1   | Model: CHPF 2430 B6 Serial: 1204634664                              | Model:                     | # 14 of this finance   | ing                                    |

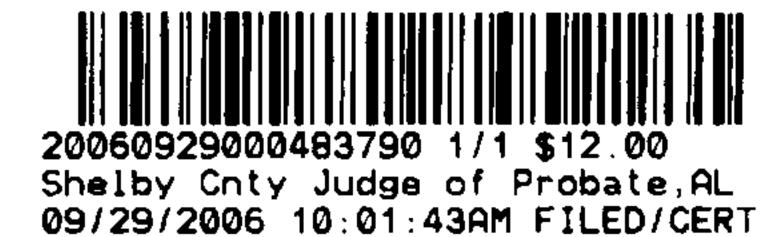
| 9a. ORGANIZATION'S NAME   | ON RELATED FINANCING STA                               | TEMENT   |                      |                  |                                       |            |
|---|--|--|----------------------|------------------|---------------------------------------|------------|
| OR  |  |  |                      |                  |                                       |            |
| 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME, SUFFIX  |                      |                  |                                       |            |
| JONNSON   | NUMATIA  |  |                      |                  |                                       |            |
| IO. MISCELLANEOUS:  |  |  |                      |                  |                                       |            |
|   |  |  | 20120706<br>Shelby ( | 600024<br>Cnty J | 10400 2/3 \$39.70<br>Judge of Probate | , AL       |
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|   |  |  |                      |                  | IS FOR FILING OFFIC                   | E USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FU<br>11a. ORGANIZATION'S NAME  | ULL LEGAL NAME - insert only one r                     | name (11a or 11b) - do not abbreviate or   | combine names        |                  |                                       |            |
|   |  |  |                      |                  |                                       |            |
| 11b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME   | P                    | MIDDLE           | NAME                                  | SUFFIX     |
|   |  |  |                      | CTATE            |                                       |            |
|   |  |  | 1 6                  |                  | DOOTAL CODE                           |            |
| 11c. MAILING ADDRESS  |  | CITY   | \$                   | STATE            | POSTAL CODE                           | COUNTRY    |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE  | E 11e. TYPE OF ORGANIZATION                            | 11f. JURISDICTION OF ORGANIZATION  |                      |                  | POSTAL CODE  SANIZATIONAL ID #, if ar |            |
|   | •  |  |                      |                  |                                       |            |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  12. ADDITIONAL SECURED PART  | N '  |  | ON 1                 |                  |                                       | ıy         |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE<br>ORGANIZATIO<br>DEBTOR   | N '  | 11f. JURISDICTION OF ORGANIZATION  | ON 1                 |                  |                                       | ıy         |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  12. ADDITIONAL SECURED PART  | N '  | 11f. JURISDICTION OF ORGANIZATION  | ON 1                 |                  | SANIZATIONAL ID #, if an              | ıy         |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME   | N '  | 11f. JURISDICTION OF ORGANIZATION  NAME - insert only one name (12a or                 | ON 1                 | 11g. OR0         | SANIZATIONAL ID #, if an              | ny NC      |
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| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME  12b. INDIVIDUAL'S LAST NAME  12c. MAILING ADDRESS  | Y'S or ASSIGNOR S/P'S timber to be cut or as-extracted | 11f. JURISDICTION OF ORGANIZATION NAME - insert only one name (12a or FIRST NAME  CITY | ON 1                 | 11g. ORG         | SANIZATIONAL ID#, if an               | SUFFIX     |
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| 1d. TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  2. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME  OR 12b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 4. Description of real estate:  5. Name and address of a RECORD OWNER | Y'S or ASSIGNOR S/P'S timber to be cut or as-extracted | 11f. JURISDICTION OF ORGANIZATION NAME - insert only one name (12a or FIRST NAME  CITY | ON 1                 | 11g. ORG         | SANIZATIONAL ID#, if an               | SUFFIX     |
| 1d. TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATIO DEBTOR  2. ADDITIONAL SECURED PART 12a ORGANIZATION'S NAME  OR 12b INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 4. Description of real estate:  | Y'S or ASSIGNOR S/P'S timber to be cut or as-extracted | 11f. JURISDICTION OF ORGANIZATION NAME - insert only one name (12a or FIRST NAME  CITY | ON 1                 | 11g. ORG         | SANIZATIONAL ID#, if an               | SUFFIX     |

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

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

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

Debtor is a TRANSMITTING UTILITY



SEND TAX NOTICE TO: Kathryn E. Johnson 505 Walker Road Pelham, AL 35124

This instrument was prepared by Frank Steele Jones Frank Jones & Associates, LLC 2633 Valleydale Road, Suite 200 Birmingham, Alabama 35244

20120706000240400 3/3 \$39.70 Shelby Cnty Judge of Probate, AL 07/06/2012 02:47:29 PM FILED/CERT

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

STATE OF ALABAMA

more), the following described real estate, situated in Chilton County, Alabama, to-wit:

Chilton COUNTY

That in consideration of One Hundred Thirty Two Thousand Nine Hundred Dollars and No Cents (\$132,900.00) and other good and valuable considerations to the undersigned Grantors, in hand paid by the Grantees herein, the receipt whereof is hereby acknowledged, Christopher B. Crawford and wife Michele Sawyer (herein referred to as the "Grantors", whether one or more), grant, bargain, sell and convey unto Kathryn E. Johnson (herein referred to as the "Grantees", whether one or

Lot 21, according to the Survey of The Village at Stonehaven, Phase I, as recorded in Map Book 25 page 119 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Subject to all easements, restrictions, rights-of-way of record and the ad valorem taxes for 2006 and subsequent years.

\$132,900 of the purchase price is paid for with a mortgage which is being simultaneously recorded herewith.

And we do for ourselves and for their heirs, executors, and administrators covenant with the said Grantees, their heirs and assigns, that we are lawfully seized in fee simple of said premises; that we are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and 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 WITNESS WHEREOF, we have hereunto set our hands and seals, this 21st day of September, 2006. Christopher B. Crawford (Seal) Michele Sawyer State of Alabama General Acknowledgment Shelby County

I, Haley M. Taylor, a Notary Public in and for said County, in said State, hereby certify that Christopher B. Crawford and Michele Sawyer, 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, they executed the same voluntarily as their own acts on the day the same bears date.

Given under my hand and official seal this 21<sup>st</sup> day of September, 2006.

Notary Public Halay M. Taylor My Commission Expires: 4-1-09