



ORIGINAL

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

Selene Armstrong

B. SEND ACKNOWLEDGMENT TO: (Name & Address)

Alabama Power Co.  
600 North 18th Street  
Birmingham, Al. 35203

20130201000043580 1/4 \$45.60  
Shelby Cnty Judge of Probate, AL  
02/01/2013 10:55:48 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                          |                                   |                          |                                  |  |
| 1 b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                                   |
| Grantham                    |                                   | Scott                    |                                  |  |
| 1c. MAILING ADDRESS         |                                   | CITY                     | STATE                            | POSTAL CODE                              |
| 314 Thompson Street         |                                   | Columbiana               | AL                               | 35051                                    |
|                             |                                   |                          |                                  | COUNTRY                                  |
|                             |                                   |                          |                                  | USA                                      |
| 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 checked="" type="checkbox"/> NONE |

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

|                             |                                   |                          |                                  |  |
|-----------------------------|-----------------------------------|--------------------------|----------------------------------|--|
| 2a. ORGANIZATION'S NAME     |                                   |                          |                                  |  |
| OR                          |                                   |                          |                                  |  |
| 2 b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                                   |
| Grantham                    |                                   | Alison                   | M                                |  |
| 2c. MAILING ADDRESS         |                                   | CITY                     | STATE                            | POSTAL CODE                              |
| 314 Thompson Street         |                                   | Columbiana               | AL                               | 35051                                    |
|                             |                                   |                          |                                  | COUNTRY                                  |
|                             |                                   |                          |                                  | USA                                      |
| 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 checked="" 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     |  |            |             |             |
| Alabama Power Company       |  |            |             |             |
| OR                          |  |            |             |             |
| 3 b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |
|                             |  |            |             |             |
| 3c. MAILING ADDRESS         |  | CITY       | STATE       | POSTAL CODE |
| 600 North 18th Street       |  | Birmingham | Al          | 35203       |
|                             |  |            |             | COUNTRY     |
|                             |  |            |             | USA         |

4. This FINANCING STATEMENT covers the following collateral:

The following heat pump(s), which was installed at the residence located on the property described in Item 14 of this financing statement:

Package Heat Pump System, by Newton

Model # Q5RD-060K

Serial # NOR920136-QSF120801872

\$8,400.00

|   |  |  |  |  |
|---|--|--|--|--|
| 5. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/COSIGNOR <input type="checkbox"/> BAILEE/BAILOR <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 (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)   |  | 7. Check to REQUEST SEARCH REPORT(S) on Debtors (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |  |  |

8. OPTIONAL FILER REFERENCE DATA

The initial indebtedness secured by this financing statement is \$8,400.00

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

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 |
| Grantham                   | Scott      |                    |

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                           |                                   |                           |                                   |  |
| 11 b. 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 PARTYS 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.

16. Additional collateral description:

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



✓ This instrument was prepared by:

William H. Roe  
P O Box 624  
Oneonta, Alabama 35121

SEND TAX NOTICE TO:  
Scott & Alison Grantham  
19456 Highway 55  
WILSONVILLE, AL 35186

**WARRANTY DEED**

STATE OF ALABAMA     )  
          *Shelby*         )  
JEFFERSON COUNTY    )

KNOW ALL MEN BY THESE PRESENTS,

That in consideration of Fourteen Thousand and no/100 (\$14,000.00) Dollars and other good and valuable consideration to the undersigned grantors, in hand paid by the Grantees herein, the receipt whereof is acknowledged, we,

Odell M. Roe, an unmarried woman, and Doris E. Roe, a married woman (herein referred to as grantors), grant, bargain, sell and convey unto

Scott Grantham and wife, Alison M. Grantham,

(herein referred to as grantees), as joint tenants with the right of survivorship the following described real estate, situated in Shelby County, Alabama to-wit:

A part of the SW 1/4 of the SE 1/4 of Section 30, Township 21 South, Range 1 East, Shelby County, Alabama, more particularly described as follows:

To find the point of beginning, begin at the NE corner of the SW 1/4 of the SE 1/4 and run North 89 degrees 28 minutes West and along the North boundary of said forty for a distance of 146 feet to the point of beginning; thence continue North 89 degrees 28 minutes West and along the North boundary of said forty 709.83 feet to its intersection with the West right of way margin of Shelby County Highway #28; thence run South 47 degrees 4 minutes East and along said right of way 13.6 feet to a concrete right of way monument; thence run South 41 degrees 2 minutes West 10.75 feet to a concrete right of way monument, said point lying 40 feet from the center line; thence run South 48 degrees 4 minutes East and along West right of way of line of said road 519.12 feet to a point; thence run North 41 degrees 56 minutes East 480.51 feet to the point of beginning.

Situated in Shelby County, Alabama.

The above described property does not constitute the homestead of either of the above grantors.

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03/23/1995-07534  
01:35 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
JUL 25 1995

20130201000043580 3/4 \$45.60  
Shelby Cnty Judge of Probate, AL  
02/01/2013 10:55:48 AM FILED/CERT

Inst # 1995-07534

Subject to taxes for the current year.

Subject to restrictions and easements of record.

TO HAVE AND TO HOLD to the said GRANTEES, as joint tenants with right of survivorship, their heirs and assigns forever.

And we do for ourselves and for our 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 they are free from all encumbrances, unless otherwise noticed 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 hand and seal  
this the 22<sup>nd</sup> day March, 1995.

Doris E. Roe  
Doris E. Roe

Odell M. Roe by Doris E. Roe  
Odell M. Roe by Doris E. Roe as  
Attorney-in-Fact

STATE OF ALABAMA

Shelby  
~~BLOUNT~~ COUNTY

I, the undersigned, a Notary Public for the state of Alabama at large, hereby certify that Odell M. Roe by Doris E. Roe as attorney-in-fact and Doris E. Roe, whose names are signed to the foregoing conveyance and who are known to me, acknowledged before me on this day, that being informed of the contents of the conveyance they executed the same voluntarily on the day the same bears date.


Given under my hand and official seal this the 22<sup>nd</sup> day of March, 1995.

John F. Lowe  
NOTARY PUBLIC

My Commission Expires: 9-19-95

Inst # 1995-07534

03/23/1995-07534  
01:35 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 NCB 25.00

  
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Shelby Cnty Judge of Probate, AL  
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