STATE OF ALABAMA)
COUNTY OF SHELBY)

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT MARK ANDRION and ALANA ANDRION, husband and wife, and ROBERT BATES and CONNIE BATES (together herein, "Grantors"), whose address is 829 Boulder Drive, San Jose, 1847 95132, for and in consideration of the sum of One Hundred Twenty-one Thousand and No/100 Dollars (\$121,000.00), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby GRANTS, BARGAINS, SELLS AND CONVEYS to REX RESIDENTIAL PROPERTY OWNER, LLC, a Delaware limited liability company (herein, "Grantee"), whose address is 3 Cordes Street, Charleston, SC 29401, all of Grantors' interest in and to that real property in Shelby County, Alabama, described as follows:

SEE EXHIBIT A ATTACHED HERETO.

Property street address: 174 Jasmine Drive, Alabaster, AL 35007

SOURCE OF TITLE: Instrument No. 20051212000641540

PROPERTY ID: 23 5 15 0 004 009.000

TOGETHER WITH all and singular the rights, privileges, tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining; TO HAVE AND TO HOLD the same unto the said Grantee and Grantee's assigns, FOREVER.

THIS CONVEYANCE IS MADE SUBJECT TO any and all real property taxes which may be due and payable with respect to said property, and all restrictive covenants, easements, rights-of-way, and prior mineral reservations, if any, applicable to said property of record in the Office of the Judge of Probate of Shelby County, Alabama.

AND, except as to the above and the taxes hereafter falling due, Grantors, for Grantors and Grantors' heirs and personal representatives, hereby covenant with the said Grantee and Grantee's assigns, that Grantors are seized of an indefeasible estate in fee simple in and to said property; that Grantors have a good and lawful right to sell and convey the same in fee simple; that said property is free and clear of all liens and encumbrances; that Grantors are in the quiet and peaceable possession of said property; and that Grantors do hereby WARRANT AND WILL FOREVER DEFEND the title to said property, and the possession thereof, unto the said Grantee and Grantee's assigns, against the lawful claims of all persons, whomsoever.

This property is not the homestead real property of Grantors.

17-93978 (cmm)

20171113000407960 11/13/2017 08:50:41 AM DEEDS 2/13

IN WITNESS WHEREOF, the undersigned has hereunto 1000, 2017.	set hand and seal on this day of
GRANTOR:	
	(SEAL) Mark Andrion
STATE OF	ublic in and for said State and County, hereby is signed to the foregoing conveyance and who that being informed of the contents of said the day the same bears date.
	NATURE OF NOTARY PUBLIC commission expires:
GRANTOR:	
	Mana Andrion (SEAL)
STATE OF COUNTY OF	
I,	utilic in and for said State and County, hereby is signed to the foregoing conveyance and who that being informed of the contents of said e day, the same bears date.
	NATURE OF NOTARY PUBLIC commission expires:

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara	}
On <u>2 Nov 2017</u> before me, _	Lori Dia notary Public (Hereinsert name and title of the officer)
personally appeared \(\text{Maxk} \) Awho proved to me on the basis of satisfarame(\$\varepsilon\) is/are subscribed to the within in he/she/they executed the same in his/he	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that ect.
WITNESS my hand and official seal.	LORI DIGILIO Commission # 2121026 Notary Public - California
Notary Public Signature (No	My Comm. Expires Aug 23, 2019 tary Public Seal)
ADDITIONAL OPTIONAL INFORMATION	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments
Warranty Deel	from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached dosument)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date 11217	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this
Individual (\$/)□ Corporate Officer	information may lead to rejection of document recording. • The notary seal impression must be clear and photographically reproducible.
	Impression must not cover text or lines. If scal impression smudges, re-scal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s)	• Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
Trustee(s)	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
Other	Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
2016 Version www.NotaryClasses.com 800-873-9865	 Securely attach this document to the signed document with a staple.

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of <u>Santa Clava</u>	}
	Here insertinaine and title of the of cer)
name(\$) is/are subscribed to the within he/she/they executed the same in his/h	factory evidence to be the person(s) whose instrument and acknowledged to me that her/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of
l certify under PENALTY OF PERJUR'the foregoing paragraph is true and co	
WITNESS my hand and official seal. Notan Public Signature	LORI DIGITIO Commission # 2121026 Notary Public - California Santa Clara County My Comm. Expires Aug 23, 2019 Notary Public Seal)
ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT	TION This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary
(Title or description of attached document)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
(Title or description of attached document continued) Number of Pages Document Date	must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (8) Corporate Officer	 notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s) □ Attorney-in-Fact □ Trustee(s) □ Other	 Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a
2015 Version www.NotaryClasses.com 800-973-9865	corporate officer, indicate the title (i.e. CEO, CFO, Secretary). • Securely attach this document to the signed document with a staple.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Sanda Clawa (County of Sanda Clawa)	CALIFORNIA JURAT
Subscribed and sworn to (or affirmed) before me on this	ark Andrion, Alana Andrion
Signature OPTIONAL INFORMATION Although the information in this section is not required by law, it could previous to an unauthorized document and may prove useful to persons relying	
Description of Attached Document	
This certificate is attached to a document titled/for the purpose of Correction Agreement and Limited Power of Attorney	Method of Affiant Identification Proved to me on the basis of satisfactory evidence: Of form(s) of Identification of credible witness(es) Notarial event is detailed in notary journal on; Page # Entry # Notary contact: Other
containing 2 pages, and dated Mal 2017	Affiant(s) Thumbprint(s) Describe:

20171113000407960 11/13/2017 08:50:41 AM DEEDS 6/13

GRANTOR:

			<u> </u>	(SEAL)
			Robert Ba	ates
, the undersig	ned N⊗tary\£ub	lic in and for said	d State and Cou	inty, hereby
ı married person, w	hose prome is sig	gned to the forego	ing conveyance	and who is
ed before me on th	s day that being	informed of the c	contents of said	convevance.
				,
. 3				
official scal this	day of	, 20)	
d'area and a second				
	SIGNA	ATURE OF NOTAR	RY PUBLIC	
	My co	mmission expires	- -	
	married person, w ed before me on th	ed before me on this day that being me voluntarily on the day that same official scal this day of	married person, whose prime is signed to the foregoed before me on this day that being informed of the come voluntarily on the day the same bears date. official scal this	

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. **Notary Public Signature** (Notary Public Seal) **INSTRUCTIONS FOR COMPLETING THIS FORM INSTRUCTIONS FOR COMPLETING THIS FORM **Instruction of the activation of the state seal of the document Acknowledgments from other states may be completed and attached to the document Acknowledgment is from other states may be completed in document Acknowledgment is from other states may be completed in document Acknowledgment is from other states may be completed in document Acknowledgment. **Instruction of the activation of statehed boomen()** Title or description of statehed boomen()*	County of Santa Clara?				
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT This form complies with current California statutes regarding and proveding and, in paded, shade be completed for deciment. Acknowledge with from their states may be completed for deciment acknowledgement from other states may be completed for deciment acknowledgement signed who are required by a contrast in the state and County where the chaument signed who are required by a commany to violate California nonary to violate Cali	On 2 Nov 2017 before me,	Migro insert name and title of the officer)			
WITNESS my hand and official seal. **Notary Public Signature** (Notary Public Institutes sparify in Signature** (Notary Public Signature**	personally appeared Robert Bates who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of				
Notary Public Signature	I certify under PENALTY OF PERJURY un the foregoing paragraph is true and correc	nder the laws of the State of California that ct.			
Notary Public Signature (Notary Public Seal) ADDITIONAL OPTIONAL INFORMATION	WITNESS my hand and official seal.				
DESCRIPTION OF THE ATTACHED DOCUMENT DESCRIPTION OF THE ATTACHED DOCUMENT	Halio	y Public Seal)			
2015 Version www.NotaryOlasses.com 800-373-9865	DESCRIPTION OF THE ATTACHED DOCUMENT DESCRIPTION OF THE ATTACHED DOCUMENT Title or description of attached locument) This form compiles with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary taw. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same dute the acknowledgment is completed. Date of notarization must be the date that the signer(s) personally appeared which must also be the same dute the acknowledgment is completed. Date of notarization must be the date that the signer(s) personally appeared which must also be the same dute the acknowledgment is completed. Date of notarization must be the date that the signer(s) personally appeared which must also be the same dute the acknowledgment is on the nature as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/shetthey, is /are) or circling the correct forms. Faither to correctly indicate the sufficient acknowledgment recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient acknowledgment acknowledgment is not misused or attached to a different document. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to undifferent document.				

20171113000407960 11/13/2017 08:50:41 AM DEEDS 8/13

GRANTOR:

Connie Bates (SEAL)

STATE OF		
COUNTY OF		
I,	_, the undersigned Notary Public in and for	said State and County, hereby
certify that Connie Bates, a m	narried person, whose hame is signed to the followed before into our this day that being infor	oregoing conveyance and who
is known to me, acknowled	lged before in this day that being infor	rmed of the contents of said
	ited the same voluntarily on the day the same be	ears date.
Given under my hand and offic	cial seal this day of,	20
[Affix Notary Seal]		
	SIGNATURE OF NOT	ARY PUBLIC
	My commission expire	res:

This instrument was prepared by:

RAVEN PERRY-BEACH, ESQ. 213 BRENTSHIRE DRIVE BRANDON, FL 33511

When recorded, please mail to:

OS NATIONAL, LLC 2170 SATELLITE BOULEVARD, SUITE 200 DULUTH, GA 30097 FILE NO. 121439-15-conrex-al

The Grantee's address is:

REX RESIDENTIAL PROPERTY OWNER, LLC 3 CORDES STREET CHARLESTON, SC 29401

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of Santa Clare	}
-	Here insert name and title of the officer
personally appearedonnie_ who proved to me on the basis of satisf name(s) is/are subscribed to the within he/she/they executed the same in his/h	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	/ under the laws of the State of California that rect.
WITNESS my hand and official seal.	LORI DIGILIO Commission # 2121026 Notary Public - California
Hoton Bublic Signature	My Comm. Expires Aug 23, 2019 Iotary Public Seal)
Motaly Public Signature	
ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary
(Title or description of attached document continued)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
Number of Pages Document Date_\	 must also be the same date the acknowledgment is completed. The notary public must print bis or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (\$/)	 notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	 The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s)	 Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
Trustee(s) Other	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
20 if Version www.NotaryClasses.com 800-373-9865	 Securely attach this document to the signed document with a staple.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	CALIFORNIA JURAT
State of California)	
County of Santa Clavo	
Subscribed and sworn to (or affirmed) before me on this	2 day
of Movember, 20 II, by N	lark Andrian, Alana
Andrion, Robert Bates and Conv	vie Betes
proved to me on the basis of satisfactory evidence to be the person who appeared before me.	n(s)
Signature Spirit Digition OPTIONAL INFORMATION Although the information in this section is not required by low it could pre-	•• • • • • • • • • • • • • • • • • • •
Although the information in this section is not required by law, it could prejurat to an unauthorized document and may prove useful to persons relying Description of Attached Document	
This certificate is attached to a document titled/for the purpose of	Method of Affiant Identification
Seller's Affidavit	Proved to me on the basis of satisfactory evidence:
containing 3 pages, and dated 1122017	Affiant(s) Thumbprint(s) Describe:
	To the other thanks to the standard to the sta

EXHIBIT A

[Legal Description]

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS:

LOT 9, ACCORDING TO THE SURVEY OF THE MEADOWS, PLAT 2, AS RECORDED IN MAP BOOK 20, PAGE 26 (ORIGINALLY MAP BOOK 20, PAGE 17) IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

Parcel ID: 23 5 15 0 004 009.000

The preparer of this document has been engaged solely for the purpose of preparing this instrument, has prepared the instrument only from the information given and has not been requested to provide, nor has the preparer provided, a title search, an examination of the legal description, an opinion on title or advice on the tax, legal or non-legal consequences that may arise as a result of the conveyance. Further such preparer has not verified the accuracy of the amount of consideration stated to have been paid or upon which any tax may have been calculated nor has the preparer verified the legal existence or authority of any person who may have executed the document. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name	Mark & Alana Andrion		e Rex Residential Property Owner, LLC
Mailing Address	Robert & Connie Bates	Mailing Addres	S 3 Cordes Street
	829 Boulder Drive		Charleston, SC 29401
	San Jose, KY 95132		*
Droporty Addrops	174 Jasmine Drive	D-44 O-1	_ (I () _i ()
Property Address	Alabaster, AL 35007		$e = \frac{11-2-11}{21000}$
		Total Purchase Pric	Э типо
		or Actual Value	\$
		or	Ψ
		Assessor's Market Valu	e \$
•			•
-	document presented for reco this form is not required.	rdation contains all of the r	required information referenced
		Instructions	•
	d mailing address - provide t eir current mailing address.	he name of the person or p	persons conveying interest
Grantee's name ar to property is being	nd mailing address - provide to g conveyed.	the name of the person or	persons to whom interest
Property address -	the physical address of the	property being conveyed, if	f available.
Date of Sale - the	date on which interest to the	property was conveyed.	-
	ce - the total amount paid for the instrument offered for re		rty, both real and personal,
conveyed by the in		This may be evidenced by	ty, both real and personal, being an appraisal conducted by a
excluding current uresponsibility of va	ded and the value must be deuse valuation, of the property luing property for property table of Alabama 1975 § 40-22-1 (1995)	as determined by the loca x purposes will be used an	·
accurate. I further		tements claimed on this fo	ned in this document is true and orm may result in the imposition
Date //~2~/7		Print Mark Andrion	Alana Andrion
Unattested		Sign	Marie Chrohi
	(verified by)	(©rantor/Gran	itee/Owner/Agent) circle one
	Pr	int Form	Form RT-1

Form RT-1

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Mailing Address	Mark & Alana Andrion Robert & Connie Bates 829 Boulder Drive San Jose, XY 95132	Grantee's Name Rex Residential Property Owner, Ll Mailing Address 3 Cordes Street Charleston, SC 29401	
Property Address	CA 174 Jasmine Drive Alabaster, AL 35007	Date of Sale Total Purchase Price	
Filed and Reco Official Public Judge James W County Clerk Shelby County, 11/13/2017 08:5	Records . Fuhrmeister, Probate Judge, .AL	or Actual Value or	\$
The purchase price	7960	Assessor's Market Value this form can be verified in the	<u> </u>
	one) (Recordation of documents)	nentary evidence is not require Appraisal Other	
	document presented for receithis form is not required.	ordation contains all of the red	quired information referenced
	d mailing address - provide eir current mailing address.	Instructions the name of the person or pe	rsons conveying interest
Grantee's name and to property is being		the name of the person or pe	ersons to whom interest
Property address -	the physical address of the	property being conveyed, if a	vailable.
Date of Sale - the	date on which interest to the	property was conveyed.	
	ce - the total amount paid for the instrument offered for re	r the purchase of the property ecord.	, both real and personal,
conveyed by the in	e property is not being sold, strument offered for record. or the assessor's current ma	This may be evidenced by ar	, both real and personal, being a appraisal conducted by a
excluding current ι responsibility of va	use valuation, of the property	letermined, the current estimated as determined by the local of ax purposes will be used and (h).	
accurate. I further	of my knowledge and belief understand that any false sta cated in <u>Code of Alabama 19</u>	atements claimed on this forn	ed in this document is true and nay result in the imposition
Date 1-2-17		Print Robert Bates	Conne Bates
Unattested	(verified by)	Sign Sign	e/Owner/Agent)/circle one

Print Form