

1. Return copy or recorded original to
LANGE, SIMPSON, ROBINSON & SOMERVILLE
1700 FIRST ALABAMA BANK BUILDING
BIRMINGHAM, AL 35203
ATTN: MR. RICHARD TISHLER

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Pre-paid Acct. #
2. Name and Address of Debtor (Last Name First if a Person)
Headly, Lorene M.
Route 2 Box 340 #6
Pelham, AL 35124-9802

Social Security/Tax ID #
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

Social Security/Tax ID #
☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)
RESOLUTION TRUST CORPORATION, RECEIVER
FOR CITY FEDERAL SAVINGS AND LOAN ASSOCIATION
2030 SECOND AVENUE, NORTH
BIRMINGHAM, AL 35203
Social Security/Tax ID #

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Magnolia Federal Bank For Savings
c/o ROSE DISCOUNT MOBILE HOMES, INC.
ATTN: MR. TOMMY ROSE
ROUTE 1, BOX 185-B
HICKORY, MS 39332

☐ Additional secured parties on attached UCC-E

5. ☒ This statement refers to original Financing Statement bearing File No. 011283
Filed with Shelby County Date Filed March 12, 1995

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. ☐ Partial or ☒ Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.
9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

024591

69-3220

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

8.06

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)
Type Name of Individual or Business

RESOLUTION TRUST CORPORATION, RECEIVER FOR
CITY FEDERAL SAVINGS AND LOAN ASSOCIATION
Signature(s) of Secured Party(ies)
BY: IT'S ATTORNEY - IN - FACT
Type Name of Individual or Business