	Sheets Presented:	This FiNANCING STATEMENT is filling pursuant to the Uniform Co.	mmercial Code.	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office	ER	
Robert M. Hauerwas	a			
3325 Lorna Road	.			
Suite #2 Box 155				
	35216			ç
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Pre-paid Acct. # Name and Address of Debtor				4
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HAUERWAS, Robert N	vī			
3325 Lorna Road	•			
Suite #2 Box 155		T OF OTIE Y THIS	S	
Birmingham, AL.	35216	T CERTIFY THIS	FILED	
Social Security/Tax ID #		91 SEP 24 AM 10	5 6	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			
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		UINGE OF PROBAT	TE	
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Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·			
☐ Additional debtors on attached UCC-E				
SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Le	st Name First if a Person)
HAUERWAS, Terrie (~			
iniodicitie, icitie	~ •			
		1		
Social Security/Tax ID #				
	An-			
Social Security/Tax ID # Additional secured parties on attached UCC-E The Financing Statement Covers the Following Types	s (or items) of Property:			
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