5800 FOREMOST DRIVE, S.E. P.O. BOX 2450 GRAND RAPIDS, MICHIGAN 49501-2450 (800) 521-5261

Release of Lien:

We Hereby release the lien recorded as a security interest on the vehicle described below, full payment to satisfy said lien having been received by the undersigned, and request that said release be noted upon the records of the Department of Motor Vehicles.

MARIETTA/MARLIN Make:

Title Number: MSO

Year: 1984

Identification Number: ALWH-22-12902

Owner's Name: TONY D MYRICK & TOBY C MCCAY

Address: LOT 120 GREEN PARK S MHP

City: PELHAM AL 25124 State:

FOREMOST FINANCIAL SERVICES CORP.

BY:

Authorized Agent

MARCH 31, 1992

Date

Subscribed and sworn to before me this οf

31 day

MARCH

, 19 92.

Notary Public

My commission expires:

CATHLEEN M. RUSSO NOTARY PUBLIC - BARRY COUNTY, MICH. MY COMMISSION EXPIRES 07-12-05

ACTING IN KENT COUNTY

FORMERLY MINNEHOMA FINANCIAL COMPANY

SHELBY COUNTY DG2 MCD 4 Q.

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

RECRUEA FROM Registré, Inc. 514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
		:
		@
	·	SHE S
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)	ni de la
MYRICK, TONY D	(Cast Maine First if a Person)	が記憶
LOT 120 GREEN PARK S MHP	•	
PELHAM AL 25124		うな量
•		0 5 8 0 5 8
ACCM #21120		
ACCT #21139 Social Security/Tax ID #		<u> </u>
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
MCCAY, TOBY C		
LOT 120 GREEN PARK S MHP		
PELHAM AL 25124		
ACCT #21139		
Social Security/Tax ID #		FILED WITH:
☐ Additional debtors on attached UCC-E		SHELBY COUNTY
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
FOREMOST FINANCIAL SERVICES	5 CORP	
PO BOX 3313	•	
GRAND RAPIDS, MI. 49501		
O = = i = 1 O = = i = - (T = 1O #		
Social Security/Tax ID #		
Additional secured parties on attached UCC-E	00000	
5. ☐ This statement refers to original Financing Statement bearing File No. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Processing Statement Statemen		00 20 1000
		Date Filed 09-30-1989 19
XXXTermination. Secured Party no longer claims a se	curity interest under the financing statemer	nt bearing the file number shown above.
_	financing statement bearing file number sh If of the property listed on this file, is assign	
Assignment. whose name and address appears in		
10. Partial Secured Party releases the collatera	described in item 11 from the financing st	
Release number shown above. 11.		
		11A. Enter Code(s) From
		Back of Form That Best Describes The
		Collateral Covered By This Filing:
•		
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		· · · — — · · · · · · · · · · · · · · ·
Check X if covered: Products of Collateral are also	covered	
_		FOREMOST FINANCIAL SERVICES CORP.
Signature(s) of Debtor(s)	•	BY: Signature(s) of Sicured Party(in)
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(jes)
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	CATHLEEN M RUSSO Type Name of Individual or Business
		CTANDADD CODIA LINICODIA COMMEDICIAL CODE CODIALISCO 2