

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: <u>0</u>	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to: FIRST NATIONAL BANK OF COLUMBIANA 106 E. COLLEGE STREET PO BOX 977 COLUMBIANA, AL 35051 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Inst. # 1994-07782</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">03/10/1994-07782</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">08:59 AM CERTIFIED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">001 MCD 20.50</div>
2. Name and Address of Debtor (Last Name First if a Person) BRASHIER, WILLIAM B 103 BIG OAK DR MAYLENE, AL 35114 Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) BRASHIER, BEVERLY A 103 BIG OAK DR MAYLENE, AL 35114 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person) First National Bank of Columbiana P.O. Box 977 Columbiana, AL 35051 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. The Financing Statement Covers the Following Types (or items) of Property: 1975 GREENVILLE MOBILE HOME S#575 "ALL ADDITIONS AND ACCESSIONS THERETO AND PROCEEDS THEREOF. THE INCLUSION OF PROCEEDS IN THE FINANCING STATEMENT DOES NOT AUTHORIZE THE DEBTOR TO SELL OR DISPOSE OF THE COLLATERAL WITHOUT SPECIFIC AUTHORIZATION OF THE SECURED PARTY".		
5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____		
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.		
7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>3,000.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>4.50</u> 8. <input type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)		
Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)		
Signature(s) of Debtor(s) <u>William B. Brashier</u> Signature(s) of Debtor(s) <u>Beverly A. Brashier</u> WILLIAM B BRASHIER, BEVERLY A BRASHIER Type Name of Individual or Business		
Signature(s) of Secured Party(ies) or Assignee Signature(s) of Secured Party(ies) or Assignee Type Name of Individual or Business		
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S) (5) FILE COPY DEBTOR(S) STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 Approved by The Secretary of State of Alabama		