

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

Important: Read Instructions on Back Before Filling out Form.

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

<input type="checkbox"/> 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.
1. Return copy or recorded original to: <div style="text-align: center; padding: 10px;"> First Bank of Childersburg 120 8th Ave. S.W. P.O. Box 329 Childersburg, AL 35044 </div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1995-10427</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">04/21/1995-10427</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">01:45 PM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCD 22.90</div> </div>
2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center; padding: 10px;"> Malone, Robert J. P.O. Box 288 Vincent, AL 35178 </div>		
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <div style="text-align: center; padding: 10px;"> [REDACTED] </div>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person) <div style="text-align: center; padding: 10px;"> FIRST BANK OF CHILDERSBURG 120 8th Ave. P.O. Box 329 Childersburg, Alabama 35044 </div>		Filed with: <div style="text-align: center; padding: 10px;"> Probate Office Shelby County P.O. Box 825 Columbiana, AL 35051 </div>
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		
5. The Financing Statement Covers the Following Types (or items) of Property: <div style="text-align: center; padding: 10px;"> 1981 Fleetwood Mobile Home #33883 </div>		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>4600.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) <u>\$22.90</u> <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)
Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered. <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.		
Signature(s) of Debtor(s) <div style="text-align: center; padding: 10px;"> </div>		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) <div style="text-align: center; padding: 10px;"> First Bank of Childersburg, Vincent Br. </div>
Signature(s) of Debtor(s) <div style="text-align: center; padding: 10px;"> _____ </div>		
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL		Type Name of Individual or Business (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S)