

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
REGISTERED MAIL
P.O. BOX 214
MONTICELLO, ALA 35988
(415) 423-1713

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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: CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040 Pre-paid Acct. # _____ | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office Inst # 1996-01945 01/19/1996-01945 12:30 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 22.65 001 HEL | |
| 2. Name and Address of Debtor (Last Name First if a Person) STACEY D SMITH 45 HAWTHORN DRIVE CALERA, ALABAMA 35040 Social Security/Tax ID # _____ | | FILED WITH: SHELBY COUNTY JUDGE OF PROBATE | |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ | | | |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Social Security/Tax ID # _____ | | | |
| 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | |
| <input type="checkbox"/> Additional debtors on attached UCC-E | | | |
| 5. The Financing Statement Covers the Following Types (or items) of Property: 1973 12 X 70 MOBILE HOME (MADRID) SERIAL NUMBER #2969 Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____ | |
| 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 \$5,025.50 Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 22.65 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 Debtor(s) Stacey Smith | | Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) CENTRAL STATE BANK | |
| Type Name of Individual or Business | | Type Name of Individual or Business | |