

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

**Important: Read Instructions on Back Before Filling out Form.**

PULL-A-PART BUSINESS FORMS  
14214 INDIANA AVE., CHICAGO, IL 60627  
PHONE 1-800-441-1020

<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:  AMERICAN GENERAL FINANCE PO BOX 36129 BHAM, AL 35236  Pre-paid Acct # _____		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 # 1996-19219</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           06/13/1996-19219            10:43 AM CERTIFIED            SHELBY COUNTY JUDGE OF PROBATE            17.55            001 NEL         </div> </div>
2. Name and Address of Debtor (Last Name First if a Person)  WALKER, JONATHAN 3318 INVERNESS LANE BHAM, AL 35242  Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  WALKER, TANYA 3318 INVERNESS LANE BHAM, AL 35242  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person)  AMERICAN GENERAL FINANCE PO BOX 36129 BHAM, AL 35236  Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
<input type="checkbox"/> Additional secured parties on attached UCC-E		
5. The Financing Statement Covers the Following Types (or items) of Property:  <div style="margin-left: 20px;">1/2 CARAT DIAMOND SOLITARE RING</div>		
<div style="display: flex; justify-content: space-between;"> <div>           Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.         </div> <div style="text-align: right;">           5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> </div> </div>		
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>1700.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>2.55</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 Debtor(s)   Type Name of Individual or Business		Signature(s) of Secured Party(ies) or Assignee  AMERICAN GENERAL FINANCE Type Name of Individual or Business