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.

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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
Return copy or recorded original to		filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER
Green Tree Financial Corporation		Date, Time, Number & Filing Officer
P.O. Box 3317		
Montgomery, AL 36109		
· ·		
Pre-paid Acct. #		
Name and Address of Debtor	(Last Name First if a Person)	
Murphree, Nora S.		1 122
Co. Rd. #99, Box 1455		in i
Columbiana, AL 35051		
		W W W W
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
•		
	•	
•		
Social Security/Tax ID #		
Additional debtors on attached UCC-E		
3. Name and Address of Secured Party		Name and Address of Assignee of Secured Party (IF ANY)
Green Tree Acceptance, Inc.		Green Tree Acceptance, Inc., Servicer
324 Interstate Park Dr.		P.O. Box 3317
Montgomery, AL 36109		Montgomery, AL 36109
Social Security/Toy ID #		
Social Security/Tax ID #		
Additional secured parties on attached UCC-E	· · · · ·	
5. This statement refers to original Financing Statement	ent bearing File No.030867	<u> </u>
Filed with Shelby Co.		Date Filed3-30192
		Party, bearing file number shown above, is still effective. ment bearing the file number shown above.
8. Partial or The Secured Party's right under t	the financing statement bearing file number a all of the property listed on this file, is as:	r shown above to the
Assignment. whose name and address appear	's in item 4. →	
	number shown above is amended as set for eral described in item 11 from the financing	
Release. number shown above.	area cosciloco il ricetti i i il otti tile ilitasicali,	y statement dealing me
11.	· · · · · · · · · · · · · · · · · · ·	······································
NO ADDITIONAL MONEY BORE	ROWED	11A. Enter Code(s) From Back of Form That
11315971		Best Describes The Collateral Covered
1101071		By This Filing:
• .		$-\frac{602}{901}$ $$
		$-\frac{801}{903}$
		<u>803</u>
		——————————————————————————————————————
		
		——————————————————————————————————————
Check X if covered: Products of Collateral are also covered.		
Signature(s) of Debtor(s)		Signature(s) of Secure Parties
	·	- III TIME / Vailles
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(6) of Section Party(ies)
Type Name of Individual or Business		Type Mame of Individual or Business
	NO OCCIÓED AGOV AGUADAN ES ACT	45NT STANDARD CORA HINDRARY CONTRACTOR AND ADDRESS