## STATE OF ALABAMA -- UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. -

Important: Read Instructions on Back Before Filling out For

614 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

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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 presente filing pursuant to the Uniform Commercial	d to a Filling Officer for Code
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	. ties
CENTRAL STATE BA P.O. BOX 180 CALERA, ALABAMA			
			2
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		
DEWEY CARDEN SALLY CARDEN 65 FERNBROOK LAN SHELBY, ALABAMA Social Security/Tax ID #	E 35143		
Name and Address of Debtor (IF Af	(Last Hame 7 il st il a 1 oloon)		
		•	
Social Security/Tax ID #	F	ILED WITH:	
Additional debtors on attached UCC-E	į.	SHELBY COUNTY JUDG	E OF PROBATE
NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)		ANY) (Last Name First if a Person)
P.O. BOX 180 CALERA, ALABAMA Social Security/Tax ID #  Additional secured parties on attached UCC-E	35040		
	tatement bearing File No. 1996-(	09860	
5. This statement refers to original Financing Statement bearing File No		Date Filed 03-26	19 <u></u> 96
6. Continuation. The original financing statement. 7. Extension Secured Party no longer claim The Secured Party's right und property described in item 11 Assignment. Whose name and address appropriate Secured Party releases the continuation. 9. Amendment Financing statement bearing to Secured Party releases the continuation.	ns a security interest under the financing statement fer the financing statement bearing file number sho or to all of the property listed on this file, is assigne	bearing the file number shown above.  wh above to the  id to the assignee  if item 11.	e.
1986 14 x 76 SCO	TT MOBILE HOME SN# 2H2:	LWGA318610382	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
<b>,</b>	•	<b>\</b>	
Check X if covered: D Products of Collateral a	re also covered.		2-1/
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if its	em 9 is applicable)	Signature(s) of Secured Party(ies) CENTRAL STATE BAN.	 К
Type Name of Individual or Business		Type Name of Individual or Business	- UNIFORM COMMERCIAL CODE - FORM UCC-