

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

Important: Read Instructions on Back Before Filing out Form.

PULL-APART BUSINESS FORMS  
14214 INDIANA AVE., CHICAGO, IL 60647  
PHONE 1-800-441-1020

|                                                                                                                           |  |                                                                            |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(a).                          |  | 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:<br><br>AMERICAN GENERAL FINANCE, INC<br>131 N 4TH ST<br>GADSDEN AL 35901          |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office |                                                                                                               |
| Pre-paid Acct. # _____                                                                                                    |  |                                                                            |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>GRAY BELINDA M<br>608 MORGAN DRIVE<br>ATTALLA AL 35954 |  |                                                                            |                                                                                                               |
| Social Security/Tax ID # _____                                                                                            |  |                                                                            |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                     |  |                                                                            |                                                                                                               |
| Social Security/Tax ID # _____                                                                                            |  |                                                                            |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                             |  |                                                                            |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>AMERICAN GENERAL FINANCE, INC<br>131 N 4TH ST<br>GADSDEN AL 35901   |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)        |                                                                                                               |
| Social Security/Tax ID # _____                                                                                            |  |                                                                            |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                     |  |                                                                            |                                                                                                               |

Inst # 2000-02381  
01/24/2000-02381  
10:32 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 CJ1 15.00

5. The Financing Statement Covers the Following Types (or Items) of Property:  
  
1990 CAVALIER MFG. HOME ID #'S ALCA0490552S10214A AND ALCA0490552S10214B  
LOCATED AT 623 CRABAPPLE LANE, VANDIVER, AL 35176

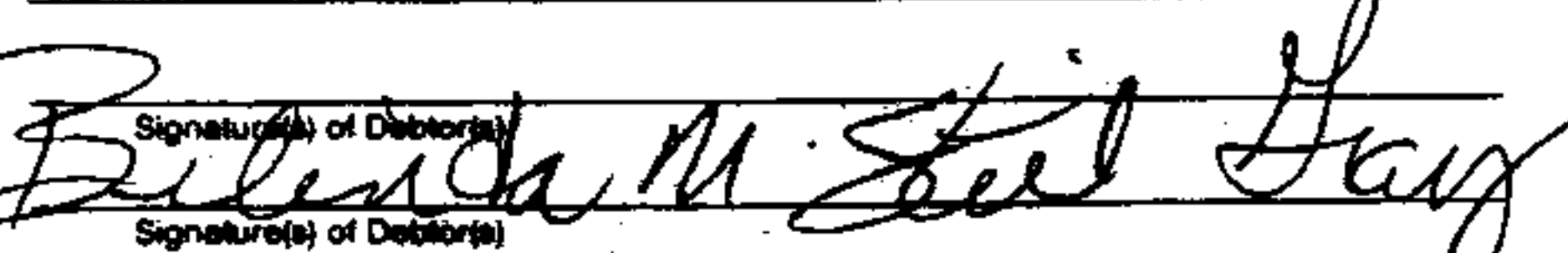
5A. Enter Code(s) From Back of Form That Best Describe The Collateral Covered By This Filing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check X if covered: ☐ Products of Collateral are also covered.

6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so):  
☐ already subject to a security interest in another jurisdiction when it was brought into this state.  
☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.  
☐ which is proceeds of the original collateral described above in which a security interest is perfected.  
☐ acquired after a change of name, identity or corporate structure of debtor  
☐ 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 \$ 38392.10  
Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 16.00

8. ☐ 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)  
  
BELINDA M GRAY  
Type Name of Individual or Business

Signature(s) of Secured Party(ies) or Assignee  
  
AMERICAN GENERAL FINANCE INC  
Type Name of Individual or Business