STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3

44012

Important: Read Instructions on Back Before Filling out Form.

The Debtor is a transmitting utility	No. of Additional	This Financing Statement is present	led to a Friend Officer for
as defined in ALA CODE 7-9-105(n). Return copy or recorded original to	Sheets Presented	THIS SPACE FOR USE OF FILING OFFICER	
CONSECO FINANCE CORPORA 324 INTERSTATE PARK DRI MONTGOMERY, AL 36109		Date, Time, Number & Filing Office	
- ·			
		-	
2. Name and Address of Debtor	(Last Name First if a Person)		
MARSHALL, ANN C. 147 GREENPARK SOUTH PELHAM, AL 35124			
Social Security/Tax ID #	Y) (Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E	·		
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4 NAME AND ADDRESS OF ASSIGNEE OF SECURED	
GREEN TREE FINANCIAL CORP-ALABAMA		GREEN TREE FINANCIAL CORP-ALABAMA	
324 INTERSTATE PARK DRIVE		324 INTERSTATE PARK DRIVE	
MONTGOMERY, AL 36109		MONTGOMERY, AL 36109)
	•	1	
Social Security/Tax ID #	······		
☐ Additional secured parties on attached UCC-E			
21395			· · · · · · · · · · · · · · · · ·
5 This statement refers to original Financino Sta SHELBY COUNTY	itement bearing File No.	JULY 3,19	996
6	a security interest under the financing statement is the financing statement bearing file number s is to all of the property listed on this file, is assig	ent bearing the file number shown above. Inown above to the Ined to the assignee In in item 11.	tive
1988 28X58 SERIAL# BHAL0188SN0540		0	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
22326328			602
22J2UJ2U			801
			803
·			
			
Check X if covered: Products of Collateral are	also covered.		— — — —
Oncor A il Core ed. Car Floducis di Collateral are		CONSECO FINANCE CORPO	ORATION
Signature(s) of Debtor(s)		F/Kagnatures of Secured Fary (ses) IN	
Signature(s) of Debtor(s)		I I M A A	(SDI)
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	
t) FILING OFFICER COPY - ALPHABETICAL (3) FILIN	NG OFFICER COPY - ACKNOWLEDGEMENT	STANDARD FORM	M — UNIFORM COMMERCIAL CODE - FORM UCC-