

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

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

REORDER FROM  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

<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:  <div style="text-align: center;">                     First Bank of Childersburg                      120 8th Ave Sw                      P.O.Box 329                      Childersburg, AL 35044                 </div> Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">Inst # 2001-35277</div> <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">08/20/2001-35277</div> <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">08:10 AM CERTIFIED</div> <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">002 MSB 16.00</div>
2. Name and Address of Debtor (Last Name First if a Person)  <div style="text-align: center;">                     Nancy B. Farmer                      1248 Highway 303                      Shelby, AL 35143                 </div> 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)  <div style="text-align: center;"> <b>FIRST BANK OF CHILDERSBURG</b>                      120 8th Ave. P.O. Box 329                      Childersburg, Alabama 35044                 </div> Social Security/Tax ID # _____		Filed with:
<input type="checkbox"/> Additional secured parties on attached UCC-E		
4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)		

5. The Financing Statement Covers the Following Types (or items) of Property:

Certificate of Deposit #33061; Account #70-324735;  
Amount \$25,000.00 from First National Bank of Shelby County

*Mtg. Inst # 2001-35276*

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

*1 00*

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 \$ *35,858*

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ \_\_\_\_\_

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 Secured Party(ies)  
(Required only if filed without debtor's Signature — see Box 6)

*Nancy Farmer*  
Signature(s) of Debtor(s)

*Phelia P. Brasher*  
Signature(s) of Debtor(s)

Signature(s) of Secured Party(ies) or Assignee

Signature(s) of Secured Party(ies) or Assignee

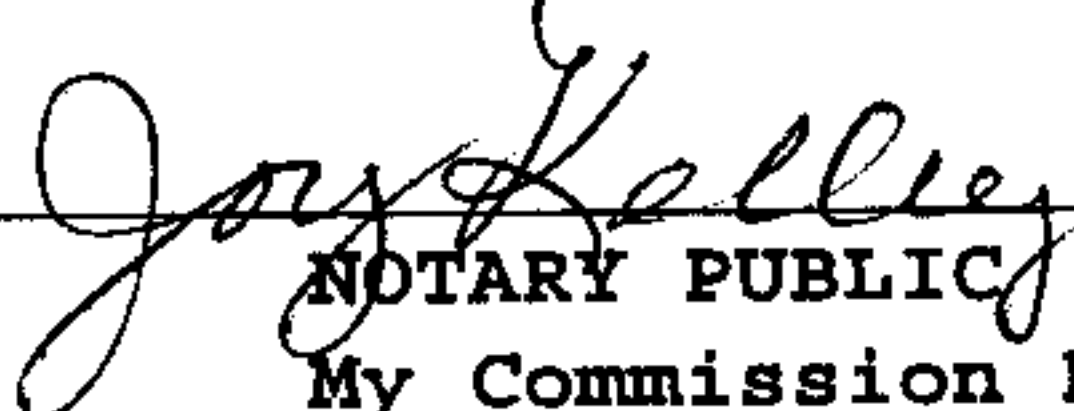
Type Name of Individual or Business

Type Name of Individual or Business

STATE OF ALABAMA       )  
SHELBY COUNTY        )

I, the undersigned authority, in and for said County, in said State, hereby certify that Ophelia P. Brasher whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 9<sup>th</sup> day of August, 2001.

  
NOTARY PUBLIC

My Commission Expires: 6-24-2003

Inst # 2001-35277

08/20/2001-35277  
08:10 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 MSB 16.00