

1. Debtor(s) (Last Name First) and address(es)

DEMAINE DEBORAH
Rt. 2 Box 206
Maplesville, AL 36750

2. Secured Party (ies) and address(es)

FAMILY HOME CENTER, INC.
P.O. BOX 308
PELHAM, AL 35124

STATE OF ALA. FILING OFFICER (Date, Time, No., and Filing Office)

CERTIFY THIS
INSTRUMENT WAS FILED

89 MAR -7 AM 11:10

022355

4. ☐ Debtor is a utility.

885400

5. This financing statement covers the following types (or items) of property:

One 1984 USED BUCCANEER MOBILE HOME serial#0997 and all accessories, spare parts and equipment now or hereafter or used in connection therewith. This financing statement covers a mobile home, other than a mobile home constituting inventory. This financing statement shall remain effective until a termination is filed.

JUDGE OF PROBATE
SOUTH TRUST
MOBILE
SERVICES

Complete only when filing with the Judge of Probate:

6. The initial indebtedness secured by this financing statement is \$ 8084.00

Mortgage tax due 115¢ per \$100.00 or fraction thereof \$ 22.15

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

No. of additional sheets presented

9. 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.☐ which is proceeds of the original collateral described above in which a security interest is perfected☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.☐ acquired after a change of name, identity or corporate structure of debtor☐ as to which the filing has lapsed

Filed with: JUDGE OF PROBATE SHELBY CO.

Deborah Demaine

FAMILY HOME CENTER, INC.

Bill Gardner

Signature(s) of Debtor(s)

Signature(s) of Secured Party (ies)
(Required only if filed without debtor's Signature—see Box 9)

(1) FILING OFFICER - ALPHABETICAL