Return copy or recorded original to:	Sheets Presented:	This FINANCING STATEMENT is possible filling pursuant to the Uniform Con	improisi Code	ar
Total Copy of recorded original to.		THIS SPACE FOR USE OF FILING OFFICE		. <u></u>
City Bank of Childersburg		Date, Time, Number & Filing Office		
PO Box 349				
Childersburg, Al. 35044				
	•			
Pre-paid Acct #				÷
Name and Address of Debtor	(Last Name First if a Person)		• •	1 F
Moore, Jerry W.			<u> </u>	0
475 US 280 East Harpersville, Al. 35078				28
matpersville, Ar. 33070				6
Social Security/Tax ID #			1	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		PROB	- √∞
				¶
Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
3. SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last	Name First if a Person)
City Bank of Childersburg				,
PO Box 349				
Childersburg, Al. 35044				
Social Security/Tay ID #	i			
Social Security/Tax ID #	<u> </u>			
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	items) of Property:	······································		·
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