☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMI			
1. Return copy or recorded original to LANGE, SIMPSON, ROBINSON 8 1700 FIRST ALABAMA BANK B		THIS SPACE FOR USE OF FILING (Date, Time, Number & Filing Office)			
BIRMINGHAM, AL 35203 ATTN: MR. RICHARD TISHLER					
			ADGE .		
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		목, <u>}</u>		, C
Kilingsworth, Kenneth Rt. 2 Box 215C Montevallo, AL. 35115			PROBATE	WAS FILE	27012
Social Security/Tax ID #	(Last Name First if a Person)				
Killingsworth, Hele Rt. 2 Box 215C Montevallo, Al. 351					
Social Security/Tax ID #					
Additional debtors on attached UCC-E 3. SECURED PARTY (Last Name First if a Person)		Assignee: Magnol			
RESOLUTION TRUST CORPORATION, RECEIVER FOR CITY FEDERAL SAVINGS AND LOAN ASSOCIATION 2030 SECOND AVENUE, NORTH BIRMINGHAM, AL 35203		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) C/O ROSE DISCOUNT MOBILE HOMES, INC. ATTN: MR. TOMMY ROSE ROUTE 1, BOX 185-B HICKORY, MS 39332			
Social Security/Tax ID #	 .				
Additional secured parties on attached UCC-E					
5. This statement refers to original Financing Statement bearing File No		015705 Date Filed Nov. 5 19 86			
7. Termination. Secured Party no longer claims a : 8. Partial or The Secured Party's right under the property described in item 11 or to vihose name and address appears points. 9. Amendment Financing statement bearing file not secured Party releases the collate number shown above.	etween the foregoing Debtor and Secured security interest under the financing statement bearing file number all of the property listed on this file, is assent item 4. The umber shown above is amended as set for ral described in item 11 from the financing	nent bearing the file number shown above shown above to the igned to the assignee the in item 11.		206	
11.			11A. Enter Code(s) Fro Back of Form Tha Best Describes TI Collateral Covere By This Filing:	at he	
Check X if covered: Products of Collateral are als	o covered.	DECOMPTANT FOLICE CO		——————————————————————————————————————	
Signature(s) of Debtor(s)		CITY EDERAL SAXINGS	AMD OAM AS	ECEIVER FOR SOCIATION	-
Signature(s) of Debtor(s) (necessary only if item 9 i	is applicable)	BY:	HALL YES	ATTORNEY - IN - F	ACT
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual o	r Business Pic	hard/S. Fleisig	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING	OFFICER COPY — ACKNOWLEDGEMENT OPY — SECOND PARTY(S)		NOARD FORM — UNIF	ORM COMMERCIAL CODE — he Secretary of State of Alabam	