The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pre- filing pursuant to the Uniform Commo	
1. Return copy or recorded original to LANGE, SIMPSON, ROBINSON & 1700 FIRST ALABAMA BANK B BIRMINGHAM, AL 35203 ATTN: MR. RICHARD TISHLER		THIS SPACE FOR USE OF FILING OFFICER Date. Time, Number & Filing Office	
Pre-paid Acct. #	(Last Name First it a Person)		
Bartlett, Peggy T. Lot 82 Peavine M/H/P Alabaster, AL 35007			3 P
Social Security / Tax ID #	(Last Name First if a Person)		53
Sumners, Ronnie Lot 82 Peavine M/H/P Alabaster, AL 35007			
Social Security/Tax (D #	<u> </u>		
Additional debtors on attached UCC-E	· .	Assignee: Magnolia	Federal Bank For Savings
3. SECURED PARTY (Last Name First if a Person) RESOLUTION TRUST CORPORAT FOR CITY FEDERAL SAVINGS A 2030 SECOND AVENUE, NORTH BIRMINGHAM, AL 35203	AND LOAN ASSOCIATION	4. ASSIGNEE OF SECURED PARTY C/O ROSE DISCOUNT MO ATTN: MR. TOMMY ROUTE 1, BOX 185- HICKORY, MS 39332	OBILE HOMES, INC. ROSE B
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			•
5. XXThis statement refers to original Financing States Filed withShelby County		018440 Date Filed Nov. 2	19.87
8. Partial or The Secured Party's right under the XIXFull property described in item 11 or to Assignment. Whose name and address appears	security interest under the financing statemer he financing statement bearing file number sho all of the property listed on this file, is assign	nt bearing the file number shown above. hown above to the ned to the assignee	ective.
	eral described in item 11 from the financing st		39-4874
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
	10.0	90	
		1	<u> </u>
Check X if covered: Products of Collateral are als	p covered.		ON, RECEIVER FOR
Signature(s) of Debtor(s)		from the first of Efcuses Party (68)	11110
Signature(s) of Debtor(s) (necessary only if item 9 i			HT'S ATTORNEY - IN - FACT
	OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FO	RM — UNIFORM COMMERCIAL CODE — FORM UCC-3
(2) FILING OFFICER COPY — NUMERICAL (4) FILE CO	OPY — SECOND PARTY(S) (9		proved by The Secretary of State of Alabama

		Date, Time, Number & Filing Office
Summers, Robbie		
Lot 82 Peavine MHP		
Alabaster, AL 35007		
Social Security/Tax ID #		
A Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
Social Security/Tax ID #		ψ CD Sa
2. SECURED PARTY) (Last Name First if a Person)		
Resolution Trust Corporation, F	Receiver For	
City Federal Savings & Loan Ass	sociation	
2030 2nd Ave N		
Birmingham, AL 35203		
2B.		
•		
<u>-</u>		39-4874
5. This Additional Sheet covers the following Additional Types (or ite	oms) of Property:	577014
		Et. Calletonal Codo:
		5A. Collateral Code:
		5A. Collateral Code:
		5A. Collateral Code:
		5A. Collateral Code: ———————————————————————————————————
		5A. Collateral Code: ———————————————————————————————————
Signature(s) of Debtor(s)		Resolution Trust Corporation, Deceiver For City Federal Savings & Ton Association Standard Standard Federal Savings Corporation
		Resolution Trust Corporation, Receiver For City Federal Sovings & The Association Signature(s) of Association The Corporation Association
Signature(s) of Debtor(s)		Resolution Trust Corporation, Receiver For City Feder M. Savings & Ton Association Signally (s) of Secured Fig. (es) of Association BY: Type Name of Individual or Business
Signature(s) of Debtor(s) Type Name of Individual or Business (3) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY	COPY — ACKNOWLEDGEMENT	Resolution Trust Corporation, Deceiver For City Federal Savinos Strain Association Strain else description for the Strain Association Strain else description for the Strain Association Type Name of Individual or Business CTANDARD FORM — UNIFORM COMMERCIAL CODE—
Signature(s) of Debtor(s) Type Name of Individual or Business	COPY — ACKNOWLEDGEMENT COND PARTY(S)	Resolution Trust Corporation, Deceiver For City Federal Savings & Town Association Sanatus (s) of Lectured Vity (est of Assigner BY: Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE —
Signature(s) of Debtor(s) Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER (COPY — ACKNOWLEDGEMENT COND PARTY(S)	Resolution Trust Corporation, Jeceiver For City Federal Savings & Town Association Sinally etal of Receiver Try, less of Assigner BY: Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE —
Signature(s) of Debtor(s) Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER (COPY — ACKNOWLEDGEMENT COND PARTY(S)	Resolution Trust Corporation, Deceiver For City Federal Savings & Town Association Sinally etal of Recurse of Marking of Association BY: Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE —