☐ 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.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
LEADER FEDERAL BANK FO 1.0. BOX 275 MEMPHIS, IN 38101-0275		
3-3176 6-11		
Pre-paid Acct. #	·	\
2. Name and Address of Debtor	(Last Name First if a Person)	
HAMMOND, SCOTT E. PEAVINE MODILE HOME PA ALABASTER, AL 35007	ARK, LOT #83	029612
Social Security/Tax1D#		
2A. Name and Address of Debtor (IF AN	(Last Name First if a Person)	
HAMMOND, GLORIA J. PEAVINE MOBILE HOME PA ALABASTER, AL 35007	ARK, LOT #83	
		FILED WITH:
Social Security/Tax ID #		
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
LEADER FEDERAL BANK F P.O. BOX 275 MEMPHIS, TN 38101-027		
Social Security/Tax ID #	<u></u>	\neg
Additional secured parties on attached UCC-E	tatement bearing File No. 028202	
5. This statement refers to original Financing S Filed withSHELBY	COUNTY	Date Filed MAY 15 19 91
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und 1 Full property described in item 11 Assignment, whose name and address apply 9. Amendment Financing statement bearing to	ns a security interest under the financing staten der the financing statement bearing file number or to all of the property listed on this file, is ass	rshown above to the signed to the assignee rth in item 11.
PLEASE ADD THIS STATEMENT; NO AD	STATEMENT TO THE O	ORIGINAL FINANCING RE BEING LOANED. 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
THIS FINANCI UNTIL A TERM	NG STATEMENT SHALL REINATION STATEMENT IS	MAIN EFFECTIVE FILED.
Check X if covered: Products of Collateral a	are also covered.	'
Officer A it covered. La Producta di Conditerati e		
Signature(s) of Debtor(s)	<u></u>	Signature(s) of Sectored Rath (ies)
Signature(s) of Debtor(s) (necessary only if it	tem 9 is applicable)	Signature (s) of Secured Party(ies)
Type Name of Individual or Business	ENLING OFFICED CODY ACYNOWI EDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-STANDARD — UNIFORM COMMERCIAL CODE — UNIFORM COMMERCIAL CODE — UNIFORM — UNIFORM COMMERCIAL CODE — UNIFORM COMMERCIAL CODE — UNIFORM UCC-STANDARD — UNIFORM COMMERCIAL CODE — UNIFORM — UNIFORM COMMERCIAL CODE — UNIFORM — UNIFOR
(3)	FILING OFFICER COPY ACKNOWLEDGEMENT	(5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama
	•	THE RESERVE AND THE PROPERTY OF THE PROPERTY O