

1. Return copy or recorded original to

LEADER FEDERAL BANK FOR SAVINGS
P.O. BOX 275
MEMPHIS, TN 39101-0275

3-22170-10

Pre-paid Acct. # _____

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

0296174

STATE OF ALA. SHELBY CO.
I CERTIFY THIS INSTRUMENT WAS FILED
91 OCT 11 10 11 AM
JUDGE OF PROBATE

2. Name and Address of Debtor (Last Name First if a Person)

STEPHENSON, CURTIS
P.O. BOX 1247
ALABASTER, AL 35007

Social Security/Tax ID # _____

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

STEPHENSON, LINDA J.
P.O. BOX 1247
ALABASTER, AL 35007

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)

LEADER FEDERAL BANK FOR SAVINGS
P.O. BOX 275
MEMPHIS, TN 39101-0275

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. 016663
Filed with SHELBY COUNTY

Date Filed MARCH 27 19 87

6. ☒ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. ☐ Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.
9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.
11. 14.00

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS FINANCING STATEMENT REMAINS EFFECTIVE
UNTIL A TERMINATION STATEMENT IS FILED.

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

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

LEADER FEDERAL

Type Name of Individual or Business