

1. Return copy or recorded original to

LEADER FEDERAL BANK FOR SAVINGS  
P.O. BOX 275  
MEMPHIS, TN 38101-0275

3-21959-19

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

LOWAS, DONNIE & KERRIE  
ROUTE 2, BOX 202-B  
COLUMBIANA, AL 35051

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

GOULD, ALVIN & DRUCILLA  
ROUTE 2, BOX 202-B  
COLUMBIANA, AL 35051

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

LEADER FEDERAL BANK FOR SAVINGS  
P.O. BOX 275  
MEMPHIS, TN 38101-0275

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No. 016060

Filed with SHELBY COUNTY

Date Filed JANUARY 15 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.

16.00

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

1986 FLEETWOOD EDGEWOOD, 14X56, SERIAL# 6AFLEW1AG040710946

THIS FINANCING STATEMENT SHALL REMAIN 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

THIS SPACE FOR USE OF FILING OFFICER

Date, Time, Number & Filing Office

STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED  
91 OCT 23 PM 3:00  
JUDGE OF PROBATE

029715