

1. Return copy or recorded original to

LOAN NUMBER: 8769151227

MAGNOLIA FEDERAL BANK FOR SAVINGS
P O BOX 1858
HATTIESBURG, MS 39403-1858

Pre-paid Acct. # _____

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

WALKER, Samuel L.
P.O. Box 723
Alabaster, AL 35007

Social Security/Tax ID # _____

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

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

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

MAGNOLIA FEDERAL BANK FOR SAVINGS
P O BOX 1858
HATTIESBURG, MS 39403-1858

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

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

Filed with SHELBY COUNTY

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

FILED WITH:

SHELBY COUNTY

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

016049

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.

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

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

MAGNOLIA FEDERAL BANK FOR SAVINGS

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama