

# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

**Important: Read Instructions on Back Before Filling out Form.**

RECORDED FROM  
**Register, Inc.**  
514 PIERCE ST.  
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(410) 421-1713

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|--|--|---|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).<br>No. of Additional Sheets Presented: _____  |  | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.   |  |
| 1. Return copy or recorded original to<br><br><b>SECURITY PACIFIC TRUSTEE<br/>GE CAPITAL CORP., SERVICER<br/>P.O. BOX 42457<br/>HOUSTON, TX 77242</b>  |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office  |  |
| Pre-paid Acct. # _____<br>2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>JAMES W. ANDERSON<br/>P.O. BOX 373<br/>COLUMBIANA, SHELBY AL 35051</b>   |  | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             04/25/1992-5827<br/>             10:53 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 MCD 23.00           </div> |  |
| Social Security/Tax ID # _____<br>2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><b>CELIA ANDERSON<br/>P.O. BOX 373<br/>COLUMBIANA, SHELBY AL 35051</b>  |  |   |  |
| Social Security/Tax ID # _____<br><input type="checkbox"/> Additional debtors on attached UCC-E  |  |   |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br><b>XXXXXXXXXXXXXXXXX ATLANTIC FINANCING FEDERAL<br/>2401 WALNUT<br/>PHILADELPHIA, PA 19103</b>   |  |   |  |
| Social Security/Tax ID # _____<br><input type="checkbox"/> Additional secured parties on attached UCC-E  |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br><b>SECURITY PACIFIC TRUSTEE<br/>GE CAPITAL CORP., SERVICER<br/>P.O. BOX 42457<br/>HOUSTON, TX 77242</b>  |  |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>19442</b><br>Filed with <b>SHELBY COUNTY</b>   |  | Date Filed <b>3/2</b> , 19 <b>88</b>  |  |
| 6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input checked="" type="checkbox"/> Full. 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |  |   |  |
| 11. A NEW 1987 SOUTHRIDGE CRESTVIEW 28x64 SERIAL 1338A/B including all furntirue, fixtures, appliances, and appurtenances therein and thereto; INCLUDING BUT NOT LIMITED TO THOSE ITEMS SPECIFIED ON THE MANUFACTURER'S INVOICE AND/OR PURCHASE AGREEMENT AND/OR RETAIL INSTALLMENT CONTRACT. THIS FINANCING STATEMENT COVERS A MOBILE HOME WHICH DOES NOT CONSTITUTE INVENTORY AND REMAINS EFFECTIVE UNTIL A TERMINATION STATEMENT IS FILE.D  |  |   |  |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   |  |   |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.  |  |   |  |

Signature(s) of Debtor(s)

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

**JAMES W. ANDERSON/CELIA ANDERSON**

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

**SECURITY PACIFIC TRUSTEE GE CAPITAL SERVICER**

Type Name of Individual or Business