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.

Registré, In 514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303

					· ·
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 O Date, Time, Number & Filing Office			
		Dute, fitte, reasiber at fitting office	·	•	
SECURITY PACIFIC, TRUSTEE					Vir.
GE CAPITAL CORP., SERVICER	,			9.36 9.36	
PO BOX 42457	•.				
HOUSTON TX, 77242					
Name and Address of Debtor	(Last Name First if a Person)	·	<u>5</u>		
POWELL, EMILY ANN				in in in	
ROUTE 2 BOX 624	†			Q 4. 2 _	
CALERA, AL 35040					
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	·			8 8	
Social Security/Tax ID #	•	,		7 z 2 3	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			★ < § ~	
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Social Security/Tax ID #	 	FILED WITH:	<u>.</u>		
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Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Pareon)	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Pe	erson)
			•		,
ATLANTIC FINANCIAL FEDERAL		SECURITY PACIFIC GE CAPITAL CORP.	-	•	
2401 WALNUT STREET		PO BOX 42457	, SERVICER		
PHILADELPHIA, PA 19103		HOUSTON TX, 7724	2 .		
Social Security/Tax ID #		110001011 1119 7721	-		
☐ Additional secured parties on attached UCC-E		· ·			
	· · · · · · · · · · · · · · · · · · ·	017330	<u> </u>	· · ·	·
5. 日 This statement refers to original Financing Statement DV CO	ent bearing File No	017329 Date Filed_JUNE	12	87	
Filed with SHELBY CO.	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
 6. KKContinuation. The original financing statement be 7. Termination. Secured Party no longer claims a se 					
8. Partial or The Secured Party's right under the	e financing statement bearing file number st all of the property listed on this file, is assign	hown above to the			
Assignment whose name and address appears	in item 4.	•	•		
<u> </u>	imber shown above is amended as set forth al described in item 11 from the financing s			71 -	
Release number shown above.		· · · · · · · · · · · · · · · · · · ·		a1.00	
THIS FINANCING STATEMEN	IT COVERS THE FOLLOW	ING TYPES (OR ITE	MS) OF PRO	OPERTY:	
NEW 1987 SOUTHERN HOSPITA			,	11A. Enter Code(s) From Back of Form That	
SN-9202A&B INCLUDING ALL			Best Describes The Collateral Covered		
APPURTENANCES THEREIN AND	BUT NOT LIMITED		By This Filing:		
TO THOSE ITEMS SPECIEIFED	ON THE MANUFACTURE	R'S INVOICE AND/O	R	<u> 602</u> _	- — —
RETAIL INSTATLMENT CONTRA		STATEMENT COVERS	A		
MOBILE HOME WHICH DOES NO		TY AND REMAINS EF	FECTIVE		- — —
UNTIL A TERMINATION STATE					
					
				;· — — — —	- — —
Check X if covered: Products of Collateral are also	o covered.				
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Secure Pa	rty(ies).	11 11 1 A	· A
FMILY ANN POWELL	·	A Oretta Sa	te, Kep	Iresentate	ul
Signature(s) of Debtor(s) (necessary only if item 9 is	s applicable)	Signature(s) of Secured Pa SECURITY PACIFIC		ርፑ <u>ሮ</u> ለወፐጥለ፤ ፍፑነ	מעדכי
Type Name of Individual or Susiness		Type Name of Individual or		OF OUTTIER OF	TA TO