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.

| · | | | 14/11) |
|---|---|--|--|
| ☐ 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 filling pursuant to the Uniform Commercial (| |
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | e |
| FIRST ALABAMA BANK, Chilton Co. | | Sato, Fillo, Franco at ming office | |
| P. O. Box 80 | | | ; · · · · · · · · · · · · · · · · · · · |
| Jemison, AL 35085 | | | |
| | | | |
| | | | o W 2 |
| Pre-paid Acct. # | | | |
| 2. Name and Address of Debtor Wood, William Daniel | (Last Name First if a Person) | | 7 E E |
| Rt. 1, Box 41-A | | | 0 2 2 |
| Columbiana, AL 35051 | | | 202 |
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| | | | 一在夏二 |
| Social Security (Tay ID # | · | | Ztas |
| Social Security/Tax ID # | (Last Name First if a Person) | | |
| Mond Dohma Diana | | | |
| Wood, Debra Diana Rt. 1, Box 41-A | | | · · · · · · · · · · · · · · · · · · · |
| Columbiana, AL 35051 | | | |
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| | | | |
| Social Security/Tax ID #_ | _ | | |
| ☐ Additional debtors on attached UCC-E | | | |
| 3. SECURED PARTY (Last Name First if a Person) | | 4. ASSIGNEE OF SECURED PARTY (IF A | NY) (Last Name First if a Person) |
| FIRST ALABAN P. O. Box 80 Jemison, AL 35 Social Security/Tax ID # | | | |
| ☐ Additional secured parties on attached UCC-E | ····· | | |
| | 017010 | | |
| 本知 This statement refers to original Financing State | _ | • | 19 87 |
| Filed with Shelby County Jud XXI Continuation. The original financing statement to | | | |
| 7. | security interest under the financing statement he financing statement bearing file number sho all of the property listed on this file, is assign | it bearing the file number shown above. own above to the ed to the assignee in item 11. | |
| 11. | | | |
| Balance 8,620.08 | | | 11A. Enter Code(s) From Back of Form That |
| | | | Best Describes The Collateral Covered By This Filling: |
| | | | |
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| | | | |
| | | | |
| | | | |
| Check X if covered: X Products of Collate | ral are also covered. | | |
| William Daniel Wood | | | |
| Signature(s) of Debtor(s) | ······································ | Signature(s) of Secured Party(less) | Elison |
| Debra Diana Wood Signature(s) of Debtor(s) (necessary only if item 9 | is applicable) | Signature(s) of Secured Party(ies) | alusan |
| | | CFIRST ALABAMA BANK, CI | <u>ilton Co. 4-27-92</u> |
| Type Name of Individual or Business | | Type Name of Individual or Business | |