

1. Return ~~copy~~ or recorded original to  
  
Magnolia Federal Bank for Savings  
Post Office Box 1858  
Hattiesburg, Mississippi 39403-1858  
  
Attention: Kristin S. Stringer  
Pre-paid Acct. # \_\_\_\_\_

2. Name and Address of Debtor (Last Name First if a Person)  
  
Jones, Bill  
Rt. Box 227  
Columbiana AL 35051  
  
Social Security/Tax ID # \_\_\_\_\_

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  
  
Jones, Carol  
Rt. 1 Box 227  
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)  
  
Magnolia Federal Bank for Savings  
Post Office Box 1858  
Hattiesburg, Mississippi 39403-1858  
Social Security/Tax ID # \_\_\_\_\_  
  
☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No. 024087  
Filed with Shelby County

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.  
  
p/o 08-06-92  
Bill C. Jones  
87-69153114  
  
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

THIS SPACE FOR USE OF FILING OFFICER  
Date, Time, Number & Filing Office  
  
Inst. # 1992-19300  
Inst. # 1992-19300  
09/08/1992 01:24 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD .00

FILED WITH:  
Shelby County  
4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  
  
Date Filed 10-20-89 19\_\_

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  
  
\_\_\_\_\_  
\_\_\_\_\_  
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MAGNOLIA FEDERAL BANK FOR SAVINGS  
Signature(s) of Secured Party(ies)  
*Sandra Touchstone*  
Signature(s) of Secured Party(ies)  
SANDRA TOUCHSTONE, VICE PRESIDENT  
Type Name of Individual or Business