

# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

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

REORDER FROM  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

<input type="checkbox"/> 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.
1. Return copy or recorded original to:  <b>GREEN TREE FINANCIAL CORP.</b> <b>P.O. BOX 3317</b> <b>324 INTERSTATE PARK DRIVE</b> <b>MONTGOMERY AL 36109</b>  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="transform: rotate(-90deg); transform-origin: center;">                         Inst # 1993-05359                     </div> <div style="transform: rotate(-90deg); transform-origin: center;">                         02/25/1993-05359                          09:02 AM CERTIFIED                          SHELBY COUNTY JUDGE OF PROBATE                          31.55                          001 MCD                     </div>
2. Name and Address of Debtor (Last Name First if a Person)  <b>SMITH, MICHAEL Z.</b> <b>489 CO RD 55</b>  <b>WILSONVILLE AL 35186</b>  Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>BLACKBURN, CINDY M.</b> <b>489 CO RD 55</b>  <b>WILSONVILLE AL 35186</b>  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  <b>LARRY W. PEARCE</b> <b>DBA HOME LIQUIDATION CENTER</b> <b>38000 U.S. 280</b> <b>SELMA AL 36850</b>  Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  <b>GREEN TREE FINANCIAL CORP.</b> <b>P.O. BOX 3317</b> <b>324 INTERSTATE PARK DRIVE</b> <b>MONTGOMERY AL 36109</b>
<input type="checkbox"/> Additional secured parties on attached UCC-E		FILED WITH:

5. The Financing Statement Covers the Following Types (or items) of Property:

**SERIAL# ALPDB2174328**

**1987 FRANKLIN 14 X 66 FREEDOM LIVING**

**AND INCLUDING ALL FURNITURE, FIXTURES, APPLIANCES AND APPURTENANCES THEREIN AND THEREON; INCLUDING BUT NOT LIMITED TO THOSE ITEMS SPECIFIED ON THE MANUFACTURERS INVOICE AND/OR PURCHASE AGREEMENT AND/OR RETAIL INSTALLMENT CONTRACT OR INSTALLMENT LOAN AGREEMENT. "THIS FINANCING STATEMENT DOES NOT APPLY TO NONPURCHASE MONEY HOUSEHOLD GOODS AS DEFINED AT 16 CFR 444.41 OR THE STATE LAW EQUIVALENT STATUTE". THIS FINANCING STATEMENT COVERS A MOBILE HOME WHICH DOES NOT CONSTITUTE INVENTORY AND REMAINS IN EFFECT UNTIL A TERMINATION STATEMENT IS FILED.**

5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  
 602  
 807  
 803

Check ☒ if covered. ☐ Products of Collateral are also covered.

6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)

☐ already subject to a security interest in another jurisdiction when it was brought into this state.

☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.

☐ which is proceeds of the original collateral described above in which a security interest is perfected.

☐ acquired after a change of name, identity or corporate structure of debtor

☐ as to which the filing has lapsed.

**Michael M. Smith**  
 Signature of Debtor

**Cindy M. Blackburn**  
 Signature of Debtor

**BLACKBURN, CINDY M.**  
 Type Name of Individual or Business

7. Complete only when filing with the Judge of Probate:  
 The initial indebtedness secured by this financing statement is \$ **14687.05**

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ **17.55**

8. ☐ This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)

**Larry W. Pearce**  
 Signature of Secured Party(ies)  
 (Required only if filed without debtor's Signature — see Box 6)

**LARRY W. PEARCE, DBA HOME LIQUIDATION CENTER**  
 Signature(s) of Secured Party(ies) or Assignee

**LARRY W. PEARCE, DBA HOME LIQUIDATION CENTER**  
 Type Name of Individual or Business