

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registrol, 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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">87-69152048</div> <div style="text-align: center;"> MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. Box 1858 Hattiesburg, MS 39403-1858 </div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;"> Burgess, Clarence E. Box 9 Wilsonville, AL 35186 </div>		<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Inst # 1993-10607</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">04/19/1993-10607</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">08:35 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">14.00</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">001 NCD</div>
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <div style="text-align: center;"> Burgess, Carolyn Same </div>		
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) <div style="text-align: center;"> MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. Box 1858 Hattiesburg, MS 39403-1858 </div>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		FILED WITH:
4. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. Box 1858 Hattiesburg, MS 39403-1858 </div>		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>06754</u> Filed with <u>Shelby Co.</u>		Date Filed <u>May 11</u> , 19 <u>88</u>
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. 7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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

MAGNOLIA FEDERAL BANK FOR SAVINGS

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business