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

Important: Read Instructions on Back Before Filling out Form.

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres- tiling pursuant to the Uniform Comme	ented to a Filing Officer for rotal Code.
First Family Financial 3594 Pelham Pkwy. Ste. P.O. Box 909 Pelham, AL 35124 Pre-paid Acct. * 16765960 2. Name and Address of Debtor PATTON, MR, SAMUEL L, P.O. BOX 461 HELENA, AL 35080		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	Inst * 1993-13614 05/12/1993-13614 05/12/1993-13614 8=59 PM CERTIFIED 8=59 PM CERTIFIED 8=59 PM CERTIFIED 8=19 PM CERTIFIED
Social Security/Tax ID #	(Last Name First if a Person)		
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 ANY) (Last Name First if a Person)
First Family Financial 3594 Pelham Pkwy. Ste. P.O. Box 909 Social Security Tax ID AL 35124 Additional secured parties on attached UCC-E The Financing Statement Covers the Following Types (Co.)	102		
One YZ 250 Yamaha M250		}	
and One 125 YZ Yamaha Ser			5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are also 6. This statement is filed without the debtor's signature to product X if eo.		7. Complete only when filing with the Judge of The initial indebtedness secured by this fin	Probate: 2030.24
 (check X, if so) already subject to a security interest in another jurisdic already subject to a security interest in another jurisdic to this state. which is proceeds of the original collateral described a cortexted. 	tion when debtor's location changed	Mortgage tax due (15¢ per-\$100.00 or fract	to be cut, crops, or fixtures and is to be cross s (Describe real estate and if debtor does not have
perfected. acquired after a change of name, identity or corporate structure of debtor as to which the filling has lapsed.		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)	
Signature(s) of Debtor(s) Signature(s) of Debtor(s) Samuel L. Patton Type Name of Individual or Business		Signature(s) of Secured Party(less) or First Family Final Type Name of Individual or Business	Assignee ncial Services