STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3

☐ 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.	
Return copy or recorded original to	·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040			
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	· · ·	27.0 1.7.1 1.7.2 1.0.2 1
THAD F SCUCCHI ELIZABETH V SCUCCHI			994-1994-1994-1994-1994-1994-1994-1994-
1721 COUNTRY ROAD 61 WILSONVILLE, AL 3518	6		# # # # # # # # # # # # # # # # # # #
Social Security/Tax ID #	Y) (Last Name First if a Person)		1ns 03/ 8
			•
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)
CENTRAL STA Highway 25 P Calera, Alaba	P.O. Box 180		÷
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. XXThis statement refers to original Financing Statement bearing File No. Filed with SHELBY COUNTY JUDGE OF PROBATE		025814 Date Filed JUNE 20 19 90	
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears of the Party's right under property described in item 11 or whose name and address appears of the Party no longer claims.	s a security interest under the financing statemer or the financing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the gned to the assignee the in item 11.	
1990 FRANKLIN 28' X 68'	" MOBILE HOME SERIAL	#6336 A & B	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Table 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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· · ·			
Check X if covered: Products of Collateral are	also covered.		
Signature(s) of Debtor(s)		Signature(s) of Secured Pasty(ies)	
Signature(s) of Debtor(s) (necessary only if item	n 9 is applicable)	CENTRAL STATE BA	NK
	· · · · · · · · · · · · · · · · · · ·		
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILI	ING OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business	HEORM COMMERCIAL CODE — FORM UCC-