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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM: American Printing Co. (205) 254-3171

| ☐ 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. THIS SPACE FOR USE OF FILING OFFICER Date: Time, Number & Filing Office | | |
|---|---|--|---|--|
| Return copy or recorded original to: | | | | |
| COOSA PINES FEDERAL CRED | IT UNION | | · · | |
| A HWY 235 NORTH | | | O | 00 111 111 |
| COOSA PINES, AL 35044 | | | ન્ યું (દો | A H M |
| | | | Õ | W II E S |
| | | | QI I | |
| Pre-paid Acct. # | | | <u>*</u> | 40日間 |
| Name and Address of Debtor | (Last Name First if a Person) | | g) Öl | |
| BEVERLY Y. HUMBER | | | -rel | てを言 |
| 5170 HWY 61 | | • | * * | |
| COLUMBIANA | AL 35051 | | ٠. | 76 5 |
| | | | Ř | <u>}</u> = ₹ |
| · | _ | | } | <u> </u> |
| Social Security/Tax1D #_ | | | | |
| 2A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | .▲ |
| | | | | g g |
| 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) |
| COOSA PINES FEDERAL CRED | IT UNION | | | |
| HWY 235 NORTH | } | | | |
| COOSA PINES, AL 35044 | • | | | |
| | | | | ÷, |
| Social Security/Tax ID # | | | | |
| ☐ Additional secured parties on attached UCC-E | | | | |
| 5. The Financing Statement Covers the Following Types (c | or items) of Property: | <u></u> - | | 1 |
| | | | | |
| THIS SECURITY AGREEMENT | | والإستارات والمناطقة | | |
| * PREVIOUS AND FUTURE ADVA | MCES AND LORNS MADE | DI INE | 5 A | k. Enter Code(s) From Back of Form That |
| | | | | Best Describes The Collateral Covered |
| | | | | By This Filing: |
| ONE 1987 24' PROWLER TOO | T TRAVET TRATTER | | | |
| S/N 1EC3C2428H4032897 | ··· | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| Check X if covered: Products of Collateral are also | covered. | | | |
| 6. This statement is filed without the debtor's signature to | · · · · · · · · · · · · · · · · · · · | 7. Complete only when filing with the Jud The initial indebtedness secured by thi | ge of Probate: s financing statement is | s 5.515.00 |
| (check X, if so) ☐ already subject to a security interest in another jurisdic | | Mortgage tax due (15¢ per \$100.00 or t | fraction thereof CD | ——————————— |
| already subject to a security interest in another jurisdic | tion when debtor's location changed | ■ This tipancing statement covers tim | ber to be cut, crops, or | fixtures and is to be cross |
| to this state. I which is proceeds of the original collateral described a | above in which a security interest is | indexed in the real estate mortgage record, give name of record | cords (Describe real est | ate and if debtor does not have |
| perfected. acquired after a change of name, identity or corporate | L | Signature | (s) of Secured Party(ies) |) , |
| acquired after a change of name, identity of corporate as to which the filing has lapsed. | | Required only if filed w | ithout debtor's Signature | e — see Box 6) |
| Rose 1 M Dr. | and In | TO ALLIO | JAIL | an I |
| Signature(s) of Debtor(s) | race | Signature(s) of Secured Party(ies | s) or Assignee | <u> </u> |
| | | | a) or Assistant | \ |
| BEVERLY OF HUMBER | Mag. 1. The state of the state | Signature(s) of Secured Party(ie: | | ノ |
| Type Name of Individual or Business | <u> </u> | Type Name of Individual or Busi | iness | |
| (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING (| OFFICER COPY — ACKNOWLEDGEMENT PY — SECOND PARTY(S) (| STANDAR 5) FILE COPY DEBTOR(S) | RD FORM — UNIFORM CO Approved by The Secre | DMMERCIAL CODE — FORM UCC etary of State of Alabama |