

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, 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: | | | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| Pre-paid Acct. # | | | | <div>Inst # 1994-28937</div> <div>1994-28937</div> <div>JUDGE OF PROBATE</div> <div>SHELBY COUNTY</div> <div>36.45</div> <div>100</div> | |
| 2. Name and Address of Debtor | | (Last Name First if a Person) | | | |
| Glass, Hermie C Sr P.O. Box 1246 ALABASTER, AL 35007 | | | | | |
| Social Security/Tax ID # | | | | FILED WITH: | |
| 2A. Name and Address of Debtor | | (IF ANY) | | (Last Name First if a Person) | |
| Social Security/Tax ID # | | | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | |
| <input type="checkbox"/> Additional debtors on attached UCC-E | | | | | |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) | | | | | |
| MAGNOLIA FEDERAL BANK P.O. BOX 1858 HATTIESBURG, MS 39401 | | | | | |
| Social Security/Tax ID # | | | | | |
| <input type="checkbox"/> Additional secured parties on attached UCC-E | | | | | |
| 5. The Financing Statement Covers the Following Types (or Items) of Property: | | | | | |
| 1987 Sheltercraft Mobile Home 14x80 serial #0104 | | | | | |
| "THIS FINANCING STATEMENT REMAINS IN EFFECT UNTIL A TERMINATION STATEMENT IS FILED" | | | | | |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | | | | |
| BALANCE \$ 14281.27 | | | | | |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) | | | | | |
| <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. | | | | | |
| <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. | | | | | |
| <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. | | | | | |
| <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor | | | | | |
| <input checked="" type="checkbox"/> as to which the filing has lapsed. | | | | | |
| JUDGE OF PROBATE OF SHELBY | | | | | |
| Signature(s) of Debtor(s) | | | | | |
| Signature(s) of Debtor(s) | | | | | |
| 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 \$ | | | | | |
| Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ | | | | | |
| 8. <input type="checkbox"/> 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) | | | | | |
| Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) | | | | | |
| MAGNOLIA FEDERAL BANK | | | | | |
| Signature(s) of Secured Party(ies) or Assignee | | | | | |
| Type Name of Individual or Business | | | | | |
| STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 | | | | | |
| Approved by The Secretary of State of Alabama | | | | | |