

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

**Important: Read Instructions on Back Before Filling out Form.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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:<br><b>Mike T. Atchison, Attorney</b><br><b>Post Office Box 822</b><br><b>Columbiana, Alabama 35051</b><br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 1994-29461<br/><br/>             09/28/1994-29461<br/>             10:07 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             15.00<br/>             001 HCD           </div>                                                                                                                                                                                                      |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>PARTRIDGE, JERRY WAYNE</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><div style="text-align: center;"><del>XXXXXXXXXXXXXXXXXXXX</del></div> <b>Lowell Rocks</b><br><b>52296 Hwy 25 Vandiver</b><br>Social Security/Tax ID # _____ <b>35176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><b>1973 Tan Shilsh Mobile Home, Vend #62142, with refridgator, stove, washer, and wood burning heater.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div>           Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.         </div> <div style="text-align: right;">           5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____         </div> </div>                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |                                     | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <b>8,200.00</b><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____<br>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 Debtor(s)<br><br>_____<br>Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br>_____<br>Signature(s) of Secured Party(ies) or Assignee<br>_____<br>Signature(s) of Secured Party(ies) or Assignee<br>_____<br>Type Name of Individual or Business                                                                                                                                                                                                                       |