

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

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

99/32-1061

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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><br>Compass Bank<br>P.O. Box 10566<br>Birmingham, Alabama 35296<br><br>Attn: Quentin Evans<br>Pre-paid Acct. # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1995-01313</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">01/17/1995-01313</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">01:01 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">10.00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 NEL</p> </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Whaley & Grimes, P.C.<br>244 West Valley Avenue, Suite 200 A<br>Birmingham, AL 35209<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | (This space is reserved for the Filing Officer's use.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Harry Edward Logue<br>3004 Briarcliff Road<br>Birmingham, AL 35233<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>Compass Bank<br>15 South 20th Street<br>Birmingham, AL 35233<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1994-25339</u><br>Filed with <u>Judge of Probate, Shelby County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Date Filed <u>8/15</u> 19 <u>94</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input checked="" type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Lot 18, Block 1, according to a Re-survey of Laurel Cliffs, a residential townhouse development as recorded in Map Book 12, Pages 35 A & B, in the Probate Office of Shelby County.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if Item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Compass Bank

Type Name of Individual or Business