51089

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.

☐ The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANC	CING STATEMENT is present to the Uniterm Commer	ented to a Filling Office	r for
as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to  SECURITY PACIFIC HOUSING SERVICES, INC.  P. O. BOX 385000  BIRMINGHAM, AKABAMA 35238-5000  A DIVISION OF BANK OF AMERICA FSB			E OF FILING OFFICER		
Pre-paid Acct. #  Name and Address of Debtor  GENTRY, GLENN  LOT 64 PEAVINE TRAILER  ROUTE 2  ALABASTER, ALABAMA 350				5-15148	
Social Security/TaxID #	(Last Name First if a Person)  PARK	95-15148	95-15148 CERTIFIED UDGE OF PROBATE		
Social Security/Tax ID #	st Name First if a Person)	FILED WITH:	CUED PARTY	(IF ANY) (L	ast Name First if a Person)
JEFFERSON FEDERAL SAV.  P. O. BOX 12086  BIRMINGHAM, ALABAMA 3.  Social Security/Tax ID #			0.45.15.0 S#ELB		
Additional secured parties on attached UCC-E      This statement refers to original Financing State  Filed with	ement bearing File No. 92 - 09	122 Date	Filed	77_19_	
6. Continuation. The original financing statement 7. Fermination. Secured Party no longer claims at the Secured Party's right under property described in item 11 or Assignment. Whose name and address appearance of Party and Partial Secured Party releases the collar number shown above.	the financing statement bearing file number to all of the property listed on this file, is assigns in item 4.  number shown above is amended as set for the described in item 11 from the financing	Party, bearing file numberent bearing the file numbers shown above to the gned to the assignee the in item 11.  statement bearing file	er shown above, is still effe ber shown above.	ective.	
ACCOUNT #05320002465	PULL 04/26	/95	11 <b>A</b> .	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:	
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)		s) of Secured Party(ies)		TOBN ACCOC
Type Name of Individual or Business		Type Nam	e of Individual or Business	8	LOAN ASSOC.

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT

(4) FILE COPY - SECURED

(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL