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 as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		Date, thrie, Nomber of thing Office	
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		
MICHAEL L SEALE 23649 HIGHWAY 145			
COLUMBIANA_, ALABAMA 3	5051		38 38 38 38 38 38 38 38 38 38 38 38 38 3
Social Security/Tax IO #			95-38 8-38 8-38
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
	••	•	Lnst 111111111111111111111111111111111111
Social Security/Tax ID #		FILED WITH:	ለው <i>ለ</i> ምም
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		SHELBY COUNTY JUDGE OF PROBATE 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax tD #	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	028600	
5. XX his statement refers to original Financing Statem Filed with SHELBY COUNTY PRO		Date FiledJULY 1	91
8. Partial or The Secured Party's right under the property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file not Secured Party releases the collater number shown above.	security interest under the financing statement re financing statement bearing file number s real of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the gned to the assignee in item 11.	
1983 LIBERTY 14 X 70 MO	BILE HOME SERIAL NU	MBER #1103	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
			
Check X if covered: Products of Collateral are als	o covered.	- M. M.	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les) CENTRAL STATE BANK	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business (1) FILING DEECER COPY - ALPHARETICAL (3) FILING	OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIF	ORM COMMERCIAL CODE FORM UCC-3