

1. Return copy or recorded original to

CITICORP NATIONAL SERVICES, INC.
formerly known as:
CITICORP ACCEPTANCE COMPANY, INC.
15851 CLAYTON ROAD
ST. LOUIS, MO 63011

Pre-paid Acct. #

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

2. Name and Address of Debtor

(Last Name First if a Person)

JONES, JOHN PAUL
LOT 42 DENNEYS MHP
ALABASTER, AL 35007

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

JONES, NELL S.
SAME

Social Security/Tax ID #

FILED WITH:

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

CITICORP NATIONAL SERVICES, INC., formerly known as:
CITICORP ACCEPTANCE COMPANY, INC.
15851 CLAYTON ROAD
ST. LOUIS, MO 63011
Social Security/Tax ID #

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

☐ Additional secured parties on attached UCC-E

021035

1993-18082

5. ☒ This statement refers to original Financing Statement bearing File No.

Filed with

SHELBY COUNTY

Date Filed

09/06

19 88

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. ☐ 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.
9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

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

600 602

008-593756

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)

Type Name of Individual or Business

CITICORP NATIONAL SERVICES, INC.

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-3
Approved by The Secretary of State of Alabama