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.

REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ 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 Fitting pursuant to the Uniform Commercial Code.	ling Office	r for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	- , , -	
		Date, Time, Number & Filing Office		
MAGNA MORTGAGE				
P O BOX 18001				
HATTIESBURG, MS 39403				
Pre-paid Acct. # >-	·			
2. Name and Address of Debtor	(Last Name First if a Person)			_
JOHN M & VICTORIA G DABNEY			36	19 14 14
PEAVINE TR PARK LOT 45			44	
ALABASTER, AL 35007				N H E S
	1		1	
			90	8 U B
Social Security/Tax ID #			67	0 7
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			される
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Casial Casusia /Toy ID #	 -	FILED WITH:	·-·-	
Social Security/Tax ID #	·			
Additional debtors on attached UCC-E	no Eiret if a Pareon)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	<u></u>	ast Name First if a Person)
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name MAGNOLIA FEDERLA BANK FOR S	i .	ASSIGNED PRINT	,_	
P O BOX 1858				
HATTIESBURG, MS 39403				
Consist Consusity (Tay				
Social Security/Tax	<u> </u>			
Additional secured parties on attached UCC-E			11. 77	
5. This statement refers to original Financing Statement in	bearing File No030654	2 20 02		
Filed with SHELBY CO AL	and the feet series Debter and Seemed Bri	Date Filed 2-29-92	_ 19	
 6. Continuation. The original financing statement between 7. Termination. Secured Party no longer claims a secure 				
	ancing statement bearing file number sho of the property listed on this file, is assigne			
Assignment, whose name and address appears in ite	em 4.			
-	er shown above is amended as set forth in escribed in item 11 from the financing stat			
Release number shown above.				· · · · · · · · · · · · · · · · · · ·
11. 0720154010				
8739154810 p/o 2-03-06			(Enter Code(s) From Back of Form That
p/o 2-02-96				Best Describes The Collateral Covered
			•	By This Filing:
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•			•	
			•	
			•	
Check X if covered: Products of Collateral are also co	vered.			· · · · · · · · · · · · · · · · · · ·
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	ر ر	
Signature(s) of Debtor(s) (necessary only if item 9 is ap	plicable)	Signature(s) of Secured Party(les) CAROLE	CANT	RELL. VICE PRES
	F	MAGNOLIA FEDERAL		
Type Name of Individual or Business (3) FILING OFFICER CORY - ALPHARETICAL (3) FILING OFFICER	CER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFO	RM COMM	IERCIAL CODE — FORM UCC-3