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.

52898

☐ 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 filing pursuant to the Uniform Commercial Comme	a Filing 89504-0802
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
JON M. TURNER, BROWN-TURNER, L 211 22ND STREET BIRMINGHAM, ALA	.L.C. NORTH	Date, Time, Norther at Fining Office	
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		
WEST, HORRALL B 164 MOSS BEND D HELENA, ALABAMA	RIVE		96-14973 96-14973 CERTIFIED JUNCE OF PROBATE
Social Security / Tax ID #			er er
WEST, DOROTHY H 164 MOSS BEND D HELENA, ALABAMA	RIVE		1nst * 1 05/08/1 08:40 AM SHELBY COUNTY SHELBY COUNTY
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E	······································		
	PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF A	(Y) (Last Name First if a Person)
FIRST COMMERCIA 2000-B SOUTHBRI SUITE 500 BIRMINGHAM, ALA Social Security/Tax 10 #	DGE PARKWAY		
Additional secured parties on attached	f UCC-E		
	nancing Statement bearing File No. 1995-3134 GE OF PROBATE	6	19
7. Termination. Secured Party no lo 8. Partial or The Secured Party's Pull property described in Assignment. Whose name and ac 9. Amendment Financing statement	ing statement between the foregoing Debtor and Secured inger claims a security interest under the financing statement bearing file number in item 11 or to all of the property listed on this file, is assisted appears in item 4. It bearing file number shown above is amended as set for ises the collateral described in item 11 from the financing ve.	nent bearing the file number shown above. shown above to the igned to the assignee. th in item 11.	•
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
•			
Check X if covered: Products of Co	ollateral are also covered.		
Signature(s) of July (s)	West -	Signature(s) of Sourced Particles)	-
Type Name of Individual or Busines	OROTHY H. WEST	Signature(s) of Secured Party(ies) FIRST COMMERCIAL BANK Type Name of Individual or Business	
I) FILING OFFICER COPY - ALPHABETICAL	(3) FILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — 1	INIFORM COMMÉRCIAL CODE — FORM UCC-3