

1. Return copy or recorded original to:  
  
MASTERGUARD REGION OFFICE  
P.O.B. 885  
COLUMBUS GA 31902-0885

Pre-paid Acct. # \_\_\_\_\_  
2. Name and Address of Debtor (Last Name First if a Person)  
  
McCOY, KEITH AARON  
270 CHEROKEE ST  
MONTEVALLO, AL 35115

Social Security/Tax ID # \_\_\_\_\_  
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  
  
McCOY, JENNIFER EDWARDS  
270 CHEROKEE ST  
MONTEVALLO, AL 35115

Social Security/Tax ID # \_\_\_\_\_  
☐ Additional debtors on attached UCC-E  
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  
  
MASTERGUARD REGION OFFICE  
P.O.B. 885  
COLUMBUS GA 31902-0885

Social Security/Tax ID # \_\_\_\_\_  
☐ Additional secured parties on attached UCC-E  
5. The Financing Statement Covers the Following Types (or items) of Property:  
  
1 HEAT DETECTORS  
1 MGB-380T SMOKE DETECTORS

Check X if covered: ☐ Products of Collateral are also covered.  
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)  
☐ already subject to a security interest in another jurisdiction when it was brought into this state.  
☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.  
☐ which is proceeds of the original collateral described above in which a security interest is perfected.  
☐ acquired after a change of name, identity or corporate structure of debtor  
☒ as to which the filing has lapsed.

Signature(s) of Debtor(s) \_\_\_\_\_  
Signature(s) of Debtor(s) \_\_\_\_\_  
Type Name of Individual or Business \_\_\_\_\_

THIS SPACE FOR USE OF FILING OFFICER  
Date, Time, Number & Filing Office  
  
Inst # 1997-03538  
02/03/1997-03538  
01:40 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 17.05

FILED WITH: \_\_\_\_\_

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  
  
\_\_\_\_\_

7. Complete only when filing with the Judge of Probate:  
The initial indebtedness secured by this financing statement is \$ 630.00  
Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 90¢  
8. ☐ This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)

SA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  
300

Signature(s) of Secured Party(ies)  
(Required only if filed without debtor's Signature — see Box 6)  
  
Daniel L. Cason  
Signature(s) of Secured Party(ies) or Assignee  
DANIEL L. CASON OFFICE MANAGER  
Type Name of Individual or Business \_\_\_\_\_