

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                      |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code. |
| 1. Return copy or recorded original to<br>Green Tree Financial Corporation<br>P.O. Box 3317<br>Montgomery, AL 36109<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Officer<br><br>Inst # 1997-03579<br>02/03/1997-03579<br>02:21 PM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>16.00<br>001 MCD |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br>Hester, William S.<br>Rt. 1 Box 350<br>Lot 138 Belle Vista<br>Pelham, AL 35124<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                      |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br>Hester, Geneva S.<br>Rt. 1 Box 350<br>Lot 138 Belle Vista<br>Pelham, AL 35124<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                      |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                      |                                                                                                               |
| 3. Name and Address of Secured Party<br>Green Tree Acceptance, Inc.<br>324 Interstate Park Dr.<br>Montgomery, AL 36109<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4. Name and Address of Assignee of Secured Party (IF ANY)<br>Green Tree Acceptance, Inc., Servicer<br>P.O. Box 3317<br>Montgomery, AL 36109                                                          |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                      |                                                                                                               |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 30555<br>Filed with Shelby Co. Date Filed 2-17, 1992                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                      |                                                                                                               |
| 6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |  |                                                                                                                                                                                                      |                                                                                                               |
| 11.<br><br>NO ADDITIONAL MONEY BORROWED<br>22104534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>602<br>801<br>803<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                           |                                                                                                               |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                      |                                                                                                               |

|                                                                    |                                     |
|--------------------------------------------------------------------|-------------------------------------|
| Signature(s) of Debtor(s)                                          | Signature(s) of Secured Party(ies)  |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable) | Signature(s) of Secured Party(ies)  |
| Type Name of Individual or Business                                | Type Name of Individual or Business |

(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL (3) FILING OFFICER COPY - ACKNOWLEDGEMENT (4) FILE COPY - SECURED PARTY(S) (5) FILE COPY - DEBTOR(S) STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-3 Approved by The Secretary of State of Alabama (page 1 of 1)