

as defined in ALA CODE 7-9-105(n).		Sheets Presented:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
1. Return copy or recorded original to CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. 15851 CLAYTON ROAD ST. LOUIS, MO 63011 Pre-paid Acct. # _____				<div>Inst # 1997-07375</div> <div>03/10/1997-07375 01:08 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCO .00</div>	
2. Name and Address of Debtor (Last Name First if a Person) OVERTON, ANITY KAY (MONCRIEF) P. O. BOX 35 STERRETT, AL 35147 Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) N/A Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E				FILED WITH:	
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)	
<input type="checkbox"/> Additional secured parties on attached UCC-E					
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 022925 Filed with SHELBY COUNTY				Date Filed MAY 8, 19 89	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.					
7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.					
8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.					
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.					
008-510735				11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 600 602	
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.				<div>Signature(s) of Secured Party(ies)</div> <div>CITICORP NATIONAL SERVICES, INC.</div> <div>Type Name of Individual or Business</div>	
Signature(s) of Debtor(s)					
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)					
Type Name of Individual or Business					
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
(5) FILE COPY DEBTOR(S)					