

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. #

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

2. Name and Address of Debtor

(Last Name First if a Person)

BRASHER, NELLIE RUTH
 #98 COUNTY ROAD 61 NORTH
 WILSONVILLE, AL 35186

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

N/A

Social Security/Tax ID #

FILED WITH:

☐ Additional debtors on attached UCC-E

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

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 #

☐ Additional secured parties on attached UCC-E5. ☐ This statement refers to original Financing Statement bearing File No.

021352

Filed with

SHELBY

Date Filed

OCTOBER 17, 19 88

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.8. ☐ Partial or ☐ Full. 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. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

11A. Enter Code(s) From
Back of Form That
Best Describes The
Collateral Covered
By This Filing:

008-594176

— 6 0 0 — 6 0 2

Check X if covered: ☐ 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

CITICORP NATIONAL SERVICES, INC.

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama