

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

809

<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: NATIONS CREDIT 1000 HOLCOMB WOODS PARKWAY SUITE 240 ROSWELL, GA 30076 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1997-20754</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">07/02/1997-20754</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">07:14 PM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCD 40.30</div> </div>
2. Name and Address of Debtor (Last Name First if a Person) SCHEERER, LARRY E. 1387 BELMONT LANE HELENA AL 35080 Social Security/Tax ID # [REDACTED]		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) SCHEERER, CAROL H. 1387 BELMONT LANE HELENA, AL 35080 Social Security/Tax ID # [REDACTED]		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person) MIKE'S MARINE CENTER 10062 HWY 231 SO. CROPWELL, AL 35054 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) NATIONS CREDIT 1000 HOLCOMB WOODS PARKWAY SUITE 240 ROSWELL, GA 30076
<input type="checkbox"/> Additional secured parties on attached UCC-E		

5. The Financing Statement Covers the Following Types (or items) of Property:

1997 CREST	FAMILY FISHERMAN	MAU02372D797
EVINRUDE MOTOR	E90TSLEUA	G04220102
MOONSHINE T/R	PT2-24 TA	4RPBP2424VC005030

5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

7. Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$ 16,158.01
Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 24.30

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)

Signature(s) of Secured Party(ies)
Required only if filed without debtor's Signature — see Box 6)

Signature(s) of Debtor(s)

Signature(s) of Debtor(s)

Type Name of Individual or Business

Signature(s) of Secured Party(ies) or Assignee

Signature(s) of Secured Party(ies) or Assignee

Type Name of Individual or Business