

Important: Read Instructions on Back Before Filling out Form.

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

Post # 1997-33005
10/09/1997-33005
12:56 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
094 MED 10.15

ONE 25" FLOORMODEL TELEVISION, ONE 19" TABLE TOP TELEVISION, ONE STEREO

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

Signature(s) of Debtor(s)

Signature(s) of Debtor(s)
HENRY E EDWARDS

Type Name of Individual or Business

(1) FILING OFFICER COPY — ALPHABETIC
(2) FILING OFFICER COPY — NUMERICAL

7. Complete only when filing with the Judge of Probate

The initial indebtedness secured by this financing statement is \$ 2100

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 18.15

6. ☐ 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 Secured Party(ies) or Assignee

Kimberly

Signature(s) of Secured Party(ies) or Assignee
FIRST FAMILY FINANCIAL SERVICES INC.
Type Name of Individual or Business

STANDARD FOR

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY-SECURED PARTY(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1
Approved by The Secretary of State of Alabama