

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. # _____
2. Name and Address of Debtor (Last Name First if a Person)

CHAPPELL, TERENCE F.
ROUTE 4, BOX 415-A
MONTEVALLE, AL 35115

Social Security/Tax ID # _____
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

N/A

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

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-E

5. ☐ This statement refers to original Financing Statement bearing File No. **92-27467**
Filed with **SHELBY COUNTY**

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 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. ☐ 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.

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

Inst # 1997-37263
11/14/1997-37263
01:17 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 15.00

FILED WITH:

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

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

008-584755

600 602

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)
Type Name of Individual or Business

Noma Holcomb
Signature(s) of Secured Party(ies)
Signature(s) of Secured Party(ies)
CITICORP NATIONAL SERVICES, INC.
Type Name of Individual or Business