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REORDER FROM  
**Registré, Inc.**  
314 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |  |                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <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:<br><br>Central State Bank<br>P.O.Box 180<br>Calera, Al. 35040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div>Inst # 1998-04273</div> <div>02/09/1998-04273<br/>09:40 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>25.50</div> |  |
| Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |  |                                                                                                                                                                                                                |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Merrell, Annette<br>405 Milstead Drive<br>Calera, Al. 35040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |  |                                                                                                                                                                                                                |  |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |  |                                                                                                                                                                                                                |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |  | FILED WITH:<br><br>SHELBY COUNTY JUDGE OF PROBATE                                                                                                                                                              |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |  |                                                                                                                                                                                                                |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br>CENTRAL STATE BANK<br>Highway 25 P.O. Box 180<br>Calera, Alabama 35040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |  |                                                                                                                                                                                                                |  |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |  |                                                                                                                                                                                                                |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                            |  |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>1986 New Cor Mobile Home S/N 0295 14X 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |  |                                                                                                                                                                                                                |  |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed |  |                                     |  |                                                                                                                                                                                                                |  |
| 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ 7,000.00<br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 25.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     |  |                                                                                                                                                                                                                |  |
| 8. <input type="checkbox"/> 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)                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |  |                                                                                                                                                                                                                |  |
| 9. Signature(s) of Debtor(s)<br><br>Annette Merrell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |  |                                                                                                                                                                                                                |  |
| 10. Signature(s) of Secured Party(ies) or Assignee<br><br>Central State Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |  |                                                                                                                                                                                                                |  |