

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)

CARDEN, HORACE E.  
P. O. BOX 126  
SHELBY, AL 35143

Social Security/Tax ID # \_\_\_\_\_

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

CARDEN, RUBY L.  
SAME

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. 92-27488

Filed with SHELBY COUNTY

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

Inst # 1998-34517

09/03/1998-34517  
11:57 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
COL - CRH 0.00

FILED WITH:

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

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.

008-585190

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

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

Signature(s) of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business