

☐ 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  
CITICORP NATIONAL SERVICES, INC.  
formerly known as:  
CITICORP ACCEPTANCE CO., INC.  
P.O. BOX 790142  
ST. LOUIS, MO 63179

Pre-paid Acct. # \_\_\_\_\_

2. Name and Address of Debtor (Last Name First if a Person)  
CALDWELL, EUGENE  
RT 1  
SHELBY, AL 35143

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

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  
CALDWELL, YVONNE P.  
SAME AS ABOVE

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 CO., INC.  
P.O. BOX 790142  
ST. LOUIS, MO 63179

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

☐ Additional secured parties on attached UCC-E

5. ☒ This statement refers to original Financing Statement bearing File  
No. 300924  
Filed with SHELBY COUNTY

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

Date Filed 4/5 19 88

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.  
016 522219

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

6	0	0	6	0	2
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

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

Signature(s) of Debtor(s)

Signature(s) of Secured Party(ies)

*Patricia Lewis*

Signature of Secured Party(ies)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL  
(2) FILING OFFICER COPY - NUMERICAL

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

(5) FILE COPY DEBTOR(S)

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UC  
Approved by The Secretary of State of Alabama