

1. Return copy or recorded original to

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

FIRST FAMILY FINANCIAL SERVICES, INC
3590-A HIGHWAY 31 SOUTH
PELHAM, AL 35124

Pre-paid Acct. # **28661291**

2. Name and Address of Debtor

(Last Name First if a Person)

GOTHARD, TONY W
576 MOONEY RD
COLUMBIANA, AL 35051

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

GOTHARD, SHIRLEY D
576 MOONEY RD
COLUMBIANA, AL 35051

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Name and Address of Secured Party)

4. ASSIGNEE OF SECURED PARTY (Name and Address of Assignee)

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. The Financing Statement Covers the Following Types (or items) of Property:

27" ZENITH TELEVISION
MAGNAVOX 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
☐ as to which the filing has lapsed.

7. Complete only when filing with the Judge of Probate

The initial indebtedness secured by this financing statement is \$ **700.00**Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ **16.05**8. ☐ 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

Signature(s) of Secured Party(ies) or Assignee

FIRST FAMILY FINANCIAL 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(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-9
 Approved by The Secretary of State of Alabama

16.05